

HEALTH AND SOCIAL SERVICES  
OF THE COUNTY OF  
LEICESTERSHIRE



REPORT OF THE  
COUNTY MEDICAL OFFICER OF HEALTH  
1967



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## CONTENTS

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Foreword	3
Members of the Health and Welfare Committee	4
Senior Staff of the Department	6
District Medical Officers of Health	8
 <b>Part I – Statistics</b>	
Vital Statistics	11
Population	12
Causes of Death	13
Birth Statistics	15
 <b>Part II – Personal Health Services</b>	
Health Centres	17
Care of Mothers and Young Children	18
Midwifery	26
Health Visiting	30
Home Nursing	33
Ambulance Service	35
Prevention of Illness, Care and After-Care	38
Domestic Help	44
 <b>Part III – Epidemiology</b>	
Infectious Diseases	49
Tuberculosis	51
Vaccination and Immunisation	55
 <b>Part IV – Social Services</b>	
Mental Welfare	61
Social Welfare	65
 <b>Part V – Environmental Health</b>	
Sanitary Circumstances of the Area	79
Inspection and Supervision of Food	86
Housing	90
Food and Drugs	92
 <b>Map of Health and Welfare Department Premises</b>	95
<b>Index</b>	97





*To the Chairman and Members of the Health and Welfare Committee of the  
Leicestershire County Council*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my first Annual Report, and the 78th in the series, on the health and welfare services of the local authority for 1967.

Two major events took place within the department during the year. The first of these was the retirement of Dr. G. H. Gibson on the 31st of October, 1967 after twenty years of loyal service with the authority. The content of this report therefore mainly covers the work of the department under his able leadership. During his years in office, there has been considerable expansion of the health and welfare services, the quality of which is ample testimony to an outstanding chief officer.

The second event of major importance was the department's move to the new County Hall at Glenfield in November after more than fifty years in the Georgian premises at Friar Lane, Leicester. Whilst the removal from the City centre has some disadvantages these are more than offset by having all the sections of the health and welfare department under one roof within easy reach of other departments of the County Council.

The report has been prepared in accordance with Ministry of Health Circular 1/68 and as in previous years contains details and comment provided by the officers in the various sections responsible for the day to day administration of the many activities of the department. The presentation, however, has been radically changed and is a product of the new printing equipment now available to all departments at County Hall.

The general standard of health in Leicestershire remained at a high level throughout the year and there was no significant change in the vital statistics over recent years.

The task of maintaining and improving community services in 1967 was hampered by the financial restrictions imposed by the central government.

Despite this, the defining of needs, the planning of projects and the assessment of priorities has continued during the year. Clearly this effort remains of value even though the rate of progress has been slowed down.

I should like to thank the staff of the department for their devoted service to the community throughout the year. I should also like to record my appreciation of the help and advice given by colleagues in other Departments of the County Council, in the hospital service and by general practitioners and voluntary workers in the County.

Finally, I wish to thank the Chairman and members of the Health and Welfare Committee for their continued support and guidance.

**A. R. BUCHAN,**

*County Medical Officer*

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## MEMBERS OF THE HEALTH AND WELFARE COMMITTEE

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### Health and Welfare Committee

#### *County Council Members*

**Chairman** F. Yates  
**Vice-Chairman** J. G. S. Tompkins

Mrs. A. C. D. Bryan	Mrs. M. E. Keay, B.E.M.
Captain W. G. Coates, J.P.	Col. P. H. Lloyd, T.D., J.P., D.L.,
R. L. D. Crisp	(ex-officio)
W. J. T. Curtis	J. A. McHugh, J.P.
Mrs. N. M. E. Eady	Miss M. F. C. S. Morrison, J.P.
Miss M. A. Earp	R. Murphy
M. Gallagher	Mrs. F. M. Page, J.P.
H. S. Gamble	Duke of Rutland, C.B.E., J.P., D.L.,
Mrs. C. M. Hallam	(ex-officio)
A. Hart	Mrs. D. M. Sheffield
J. L. Heap	C. B. Smith
O. Hilton	E. W. Tandy, J.P., O.B.E.
J. H. Holmes	Mrs. S. P. Veronique
J. H. Iliffe	R. C. Weston

#### *Co-opted Members*

Miss M. Abbott	A. Tugwell
Mrs. G. N. Hodson	H. A. Seville
Dr. D. S. Hurwood	

### County Homes Sub-Committee

<b>Chairman</b>	J. G. S. Tompkins	25 Members
<b>Vice-Chairman</b>	R. C. Weston	

#### *Co-opted Members*

W. Aris  
H. T. Errington

**Mental Health Sub-Committee**

<b>Chairman</b>	Mrs. D. M. Sheffield	13 Members
<b>Vice-Chairman</b>	J. A. McHugh, J.P.	

*Co-opted Members*

Dr. A. A. Valentine  
Dr. N. Cranston Low

**Domiciliary Services Sub-Committee**

<b>Chairman</b>	F. Yates	17 Members
<b>Vice-Chairman</b>	J. A. McHugh, J.P.	

*Co-opted Members*

Miss L. Facer  
Mrs. E. Jarvis

**General Purposes Sub-Committee**

<b>Chairman</b>	J. G. S. Tompkins	17 Members
<b>Vice-Chairman</b>		

*Co-opted Members*

Miss L. Facer  
Mrs. E. Jarvis

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**STAFF OF THE PUBLIC HEALTH DEPARTMENT**

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*County Medical Officer – Principal School Medical Officer*

**GIBSON G. H., M.B., Ch.B., D.P.H., (Retired 31.10.67)**

**BUCHAN A. R., M.D., D.P.H., (Appointed 1.11.67)**

*Deputy County Medical Officer – Deputy Principal School Medical Officer*

**BYARS J. R., M.B., Ch.B., D.P.H.**

*Principal Medical Officer*

**CAMPBELL Marjorie L., M.B., B.Ch., B.A.O., D.P.H.**

*Senior Medical Officer*

**SARGINSON J., M.B., B.S., D.P.H., (Resigned 30.6.67)**

**LOUGHLIN J. V., M.B., B.Ch., B.A.O., D.P.H., (Appointed 1.9.67)**

*Senior Assistant Medical Officer*

**HAYWARD Eirian., B.Sc., M.B., B.Ch., D.Obst., R.C.O.G.**

*Assistant County Medical Officers*

**BENNETT Joan G. H., M.B., B.Ch., B.A.O.**

**NOCK Pauline A., L.R.C.P., L.R.C.S., Ed., L.R.F.P.S., D.C.H.**

**SUGDEN Margaret E., M.B., Ch.B., M.R.C.S., L.R.C.P.**

*Senior Assistant County Medical Officer –*

*Medical Officer of Health Loughborough M.B. and Castle Donington R.D.*

**HOLDERNESS R. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.**

*Assistant County Medical Officer –*

*Medical Officer of Health Blaby and Lutterworth Rural Districts*

**ROSS A. C., M.B., Ch.B., D.P.H.**

*Assistant County Medical Officer –*

*Medical Officer of Health, Barrow upon Soar Rural District*

**HALL J. W., M.D., B.S., B.Hy., D.P.H.**

*Assistant County Medical Officer –*

*Medical Officer of Health Oadby, Wigston and Market Harborough Urban Districts and Market Harborough Rural District*

**KIND R. W., M.R.C.S., L.R.C.P., D.P.H.**



*Assistant County Medical Officer –  
Medical Officer of Health Hinckley Urban District, and Market Bosworth  
Rural District*

**KERSHAW J. B., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.**

*Assistant County Medical Officer –  
Medical Officer of Health Melton Urban District Council, Melton and  
Belvoir and Billesdon Rural Districts*

**LOUGHLIN J. V., M.B., B.Ch., B.A.O., D.P.H. (Resigned 31.8.67)**

*County Chest Physician*

**BROUGH M. C., M. D., B.Ch., B.A.O.**

(Joint appointment with Sheffield Regional Hospital Board)

*Principal School Dental Officer*

**HOBBS D. M., B.D.S.**

*County Health Inspector*

**GREGORY S. A., F.R.S.H., F.A.P.H.I.**

*Superintendent Health Visitor and School Nurses (combined duties)*

**HORNSBY Miss A., R.G.N., S.C.M., H.V.Cert.**

*56 Health Visitors and School Nurses (combined duties)*

*2 Student Health Visitors*

*Supervisor of Home Nursing Services and Non-Medical Supervisor of  
Midwives*

**WRIGHT Miss S. M., S.R.N., S.C.M., H.V.Cert.**

*47 District Nurses*

*73 District Nurses/Midwives*

*19 Midwives*

*3 Auxilliaries*

*Domestic Help Organiser*

**GAMBLE Miss B. A.**

*County Ambulance Officer*

**DIXON S. S.**

*Principal Mental Welfare Officer*

**ORME H. G., B.Sc., (Soc.), D.P.A.**

*Principal Social Welfare Officer*

**NAYLOR P. W., Dip. Soc. Studies., A.I.S.W.**

*Principal Administrative Assistant*

**READ E. F., A.C.I.S., A.I.S.W.**

*Principal Administrative Officer (County Homes)*

**FREER N. C.**

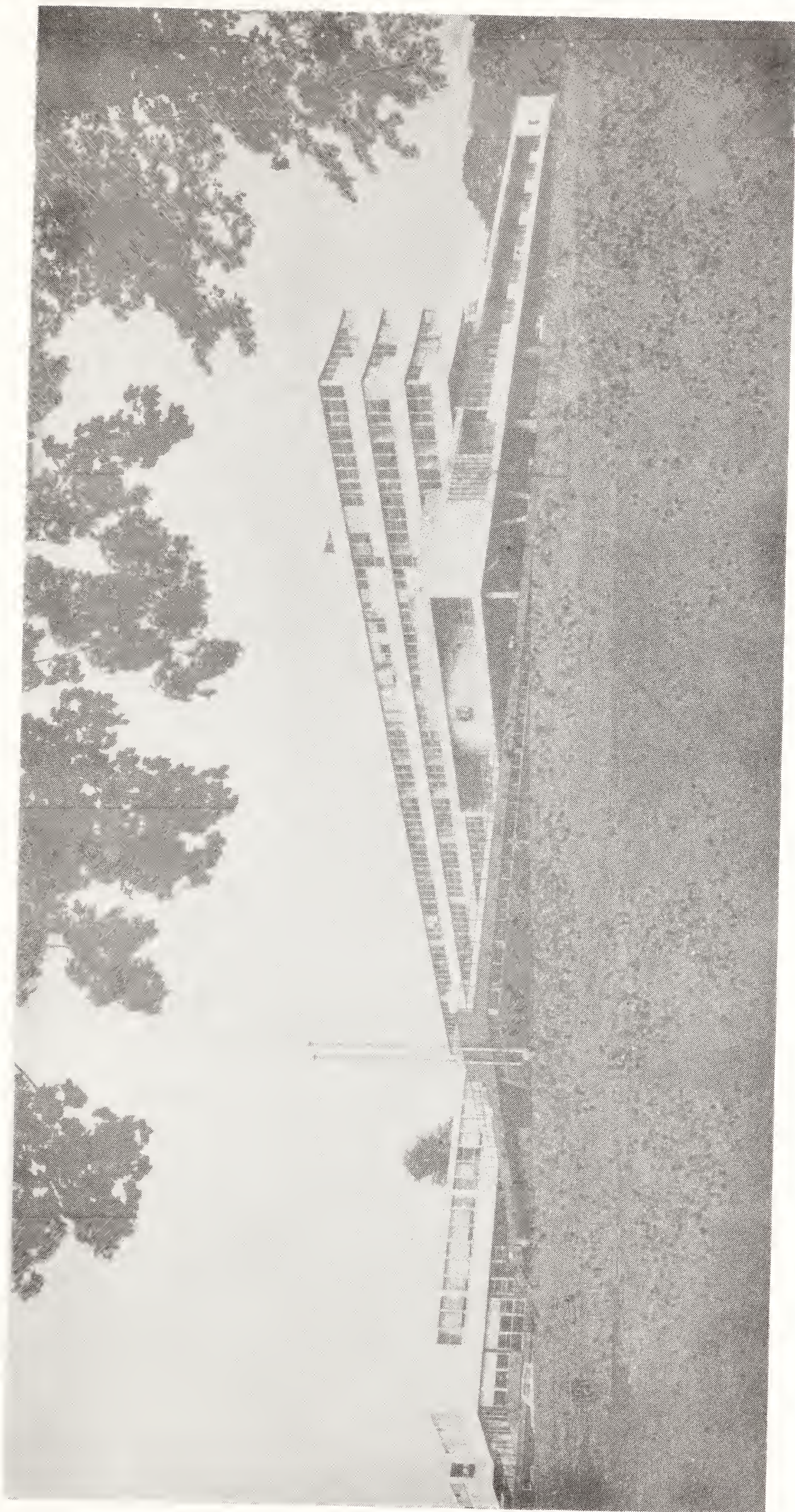
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DISTRICT MEDICAL OFFICERS OF HEALTH

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Area	Name	Office Address & Telephone Number
<i>URBAN</i>		
Ashby-de-la-Zouch	Dr. A. M. W. Segerdal, (Deceased)	Council Offices, Kilwardby Street, Ashby-de-la-Zouch Tel. Ashby-de-la-Zouch 2853
Ashby Wolds	Dr. A. M. W. Segerdal, (Deceased)	Council Offices, Moira Tel. Swadlincote 7474
Coalville	Dr. A. Hamilton,	Municipal Offices, London Road, Coalville Tel. Hinckley 2283
Hinckley	Dr. J. B. Kershaw,	Municipal Offices, St. Mary's Road, Hinckley Tel. Hinckley 3771
Loughborough	Dr. R. C. Holderness,	Health Department, Town Hall, Loughborough Tel. Loughborough 2094
Market Harborough	Dr. R. W. Kind,	Council Offices, Northampton Road, Market Harborough Tel. Market Harborough 2258
Melton Mowbray	Vacant	Egerton Lodge, Melton Mowbray Tel. Melton Mowbray 3662
Oadby	Dr. R. W. Kind,	Council Offices, Oadby Tel. Oadby 3266
Shepshed	Dr. A. M. W. Segerdal, (Deceased)	Council Offices, Shepshed Tel. Shepshed 3212
Wigston	Dr. R. W. Kind,	Council Offices, Station Road, Wigston Tel. Leicester 881331
<i>RURAL</i>		
Ashby-de-la-Zouch	Dr. A. M. W. Segerdal, (Deceased)	Council Offices, Ashby-de-la-Zouch Tel. Ashby-de-la-Zouch 2783
Barrow-upon-Soar	Dr. J. W. Hall,	Council Offices, 31 Fowke Street, Rothley Tel. Rothley 2391
Billesdon	Vacant	Council Offices, Thurnby Tel. Thurnby 2182
Blaby	Dr. A. C. Ross,	Council Offices, Narborough Tel. Narborough 2071
Castle Donington	Dr. R. C. Holderness,	4 Clapgun Street, Castle Donington Tel. Castle Donington 556
Lutterworth	Dr. A. C. Ross,	Council Offices, Lutterworth Tel. Lutterworth 2161
Market Bosworth	Dr. J. B. Kershaw,	Council Offices, Market Bosworth Tel. Market Bosworth 601
Market Harborough	Dr. R. W. Kind,	Council Offices, 42 High Street, Market Harborough Tel. Market Harborough 3291
Melton & Belvoir	Vacant	Warwick Lodge, Melton Mowbray Tel. Melton Mowbray 3343





*The new County Hall, Glenfield, Leicester.*



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**PART I:      STATISTICS**

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## VITAL STATISTICS OF THE AREA

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Area in Acres	515,404
Registrar-General's Population Estimate Mid 1967	444,010
Rateable Value at 1st April, 1967	£16,860,846
Estimated Product of Penny Rate, 1967-68	£69,373
Live Births	7,953
Live Birth Rate (per 1,000 population)	17.9
Illegitimate Live Births	396
Illegitimate Live Births expressed as a percentage of total Live Births	4.98%
Still Births	116
Still Birth Rate (per 1,000 total births)	14.0
Total Live and Still Births	8,069
Infant Mortality (deaths under one year of age)	134
Infant Mortality (per 1,000 Live Births)	17.0
Legitimate Infant Mortality Rate (per 1,000 Legitimate Births)	16.94
Illegitimate Infant Mortality Rate (per 1,000 Illegitimate Live Births)	15.15
Neo-natal Mortality (deaths under four weeks of age)	95
Neo-natal Mortality Rate (per 1,000 Live Births)	11.95
Early Neo-natal Mortality (deaths under one week)	79
Early Neo-natal Mortality Rate (per 1,000 Live Births)	9.93
Perinatal Mortality (Still Births and Deaths under one week)	195
Perinatal Mortality Rate (per 1,000 Live and Still Births)	24.0
Maternal Mortality	NIL
Maternal Mortality Rate (per 1,000 Live and Still Births)	0.00
Deaths	4,324
Death-Rate	9.7

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**POPULATION OF ADMINISTRATIVE COUNTY**

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<i>URBAN</i>	<i>Mid-Year 1966</i>	<i>Mid-Year 1967</i>
Ashby-de-la-Zouch	7,640	7,770
Ashby Woulds	3,270	3,260
Coalville	28,000	28,150
Hinckley	43,070	43,910
Loughborough M.B.	39,530	39,580
Market Harborough	12,700	12,880
Melton Mowbray	17,750	18,040
Oadby	15,880	16,760
Shepshed	7,960	8,090
Wigston	25,900	26,630
Total	201,700	205,070
<i>RURAL</i>	<i>Mid-Year 1966</i>	<i>Mid-Year 1967</i>
Ashby-de-la-Zouch	13,700	13,790
Barrow-upon-Soar	64,630	64,880
Billesdon	10,310	10,570
Blaby	61,700	64,720
Castle Donington	10,950	11,150
Lutterworth	14,010	14,320
Market Bosworth	29,390	29,880
Market Harborough	10,220	10,620
Melton & Belvoir	18,960	19,010
Total	233,870	238,940
Total Administrative County	435,570	444,010

# Causes of Death at Different Periods of Life in the Administrative County of Leicester, 1967

CAUSES OF DEATH		Under 4 wks		4 wks & under 1 year		1—		5—		15—		25—		35—		45—		55—		65—		75— & over		Urban Districts			Rural Districts			Whole County		
		m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	Total	m	f	Total	m	f	Total		
1	Tuberculosis, respiratory	.	.	.	.	.	.	.	.	.	.	.	1	1	1	1	4	.	4	1	1	.	6	2	8	5	1	6	11	3	14	
2	Tuberculosis, other	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	1	2	.	.	.	1	1	1	1	2	3	1	3	4	
3	Syphilitic disease	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	4	1	3	4	1	1	2	2	4	6			
4	Diphtheria	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
5	Whooping cough	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1	.	.	.	1	.	1		
6	Meningococcal infections	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1	1	.	.	.	.	1	.	1		
7	Acute poliomyelitis	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
8	Measles	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
9	Other infective and parasitic diseases	.	.	.	.	.	.	1	2	.	.	.	1	2	.	1	1	1	1	.	1	1	2	3	3	5	8	4	7	11		
10	Malignant neoplasm, stomach	.	.	.	.	.	.	.	.	2	1	1	1	5	4	16	7	21	11	11	17	27	19	46	29	22	51	56	41	97		
11	Malignant neoplasm, lung, bronchus	.	.	.	.	.	.	.	.	.	.	2	1	18	4	46	8	69	15	23	5	65	15	80	93	18	111	158	33	191		
12	Malignant neoplasm, breast	.	.	.	.	.	.	.	.	.	3	.	9	1	22	.	30	.	22	.	19	.	47	47	1	58	59	1	105	106		
13	Malignant neoplasm, uterus	.	.	.	.	.	.	.	.	.	.	1	.	4	.	10	.	5	.	7	.	11	11	.	16	16	.	27	27			
14	Other malignant & lymphatic neoplasms	.	.	.	.	.	1	1	1	7	4	4	2	8	6	19	30	52	47	60	55	57	64	103	97	200	105	113	218	208	210	418
15	Leukaemia, aleukaemia	.	.	.	.	.	1	2	.	1	1	.	1	1	1	1	2	5	4	4	3	2	4	11	15	9	4	13	13	15	28	
16	Diabetes	.	.	.	.	.	.	1	.	1	1	1	1	2	1	6	3	2	12	5	9	8	16	24	9	11	20	17	27	44		
17	Vascular lesions of nervous system	.	.	.	.	.	.	.	.	1	.	1	3	11	15	40	38	105	94	123	251	142	190	332	139	211	350	281	401	682		
18	Coronary disease, angina	.	.	.	.	.	.	.	.	.	.	15	5	47	5	148	34	177	85	127	155	243	140	383	271	144	415	514	284	798		
19	Hypertension with heart disease	.	.	.	.	.	.	.	.	.	.	.	.	1	.	4	4	18	15	8	24	14	18	32	16	26	42	30	44	74		
20	Other heart disease	.	.	.	.	.	1	.	.	2	1	.	.	2	1	9	1	17	23	51	43	136	188	86	110	196	131	147	278	217	257	474
21	Other circulatory disease	.	.	.	.	.	.	.	1	.	.	1	4	4	3	16	10	27	17	42	55	40	48	88	50	42	92	90	90	180		
22	Influenza	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2	.	.	.	.	.	2	2	.	2	2		
23	Pneumonia	3	1	3	2	3	.	1	3	1	.	1	.	1	2	4	6	19	11	50	65	38	42	80	49	48	97	87	90	177		
24	Bronchitis	.	.	4	5	1	.	.	.	.	.	1	2	5	2	27	6	61	13	46	29	62	29	91	83	28	111	145	57	202		
25	Other diseases of respiratory system	.	.	2	2	.	.	.	.	.	.	4	.	4	1	5	1	5	2	8	16	5	10	15	23	12	35	28	22	50		
26	Ulcer of stomach and duodenum	.	.	.	.	.	.	.	.	1	.	.	.	.	.	1	1	5	4	11	6	11	6	17	7	5	12	18	11	29		
27	Gastritis, enteritis and diarrhoea	.	.	1	1	.	.	.	.	.	.	1	.	.	.	.	1	2	2	4	9	2	6	8	7	7	14	9	13	22		
28	Nephritis and nephrosis	.	.	.	.	.	.	.	.	2	1	.	.	.	2	2	1	1	1	6	4	.	5	8	4	12	3	10	13	11	14	25
29	Hyperplasia of prostate	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2	.	16	.	6	.	6	12	.	12	18	.	18		
30	Pregnancy, childbirth, abortion	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
31	Congenital malformation	10	15	6	4	2	1	1	1	.	.	.	1	1	1	1	1	1	1	.	.	10	13	23	12	11	23	22	24	46		
32	Other defined and ill-defined diseases	32	34	2	6	9	.	2	4	6	4	3	2	3	7	7	10	19	21	28	37	54	117	82	110	192	83	132	215	165	242	407
33	Motor vehicle accidents	.	.	.	.	4	2	2	1	11	4	9	1	4	3	9	1	3	8	2	2	3	4	18	8	26	29	18	47	47	26	73
34	All other accidents	.	.	.	.	1	1	2	1	3	.	2	1	2	1	2	1	3	1	5	11	11	32	12	23	35	29	18	47	41	41	82
35	Suicide	.	.	.	.	.	.	.	.	1	.	4	1	2	4	4	3	2	3	6	2	.	3	11	6	17	8	10	18	19	16	35
36	Homicide and operations of war	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1	.	1	1	1	.	1	1	1	2
TOTALS		45	50	19	20	20	7	11	13	35	15	29	12	52	55	155	116	417	270	682	471	740	1090	1006	989	1995	1199	1130	2329	2205	2119	4324





**Birth Statistics**

*Births occurring within the County*

	Live births	Still births	Total
<i>Domiciliary:</i>			
County Patients	2,182	11	2,193
Other Patients	2	.	2
<i>Institutional:</i>			
County Patients	2,267	18	2,285
Other Patients	571	3	574
Total	5,022	32	5,054

*County births occurring outside the County*

	Live births	Still births	Total
Domiciliary	7	.	7
Institutional	3,473	85	3,558
Total	3,480	85	3,565

*Net births to County Residents*

	Live births	Still births	Total
Domiciliary	2,189	11	2,200
Institutional	5,740	103	5,843
Total	7,929	114	8,043

*Premature births*

	Live births	Still births
Born in Institutions	478	63
Born at home or in a Nursing Home	46	5

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**PART II:      PERSONAL HEALTH SERVICES**

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## HEALTH CENTRES

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The provision of Centres in the County was under constant review during the year. Consultations have taken place between General Practitioners, the Executive Council, and the Health and Welfare Department, whilst consideration has been given to the form that Health Centres should take, together with the administrative and financial arrangements involved.

Regrettably, little progress has been made. This is apparently due to the difficulty experienced in reconciling the opinions and anxieties of those concerned; but by continued discussion this situation could be resolved.

Plans were put in hand towards the end of the year for a Health Centre in Syston and a site purchased. Discussions continue with the General Practitioners concerned and visits have been made to existing Health Centres in other Local Authority Areas.

Meanwhile, the attachment programme with Health Visitors and District Nurses continues to expand, and the arrangement at Measham, where the Local Authority staff share premises provided by a Joint Practice, has proved successful.

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### *Attachment of Nursing Staff to General Practice*

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	1965	1966	1967
Health Visitors	4	6	15
District Nurses	.	.	2
Midwives	.	.	6

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## CARE OF MOTHERS AND YOUNG CHILDREN

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### Ante-Natal Clinics

The clinics continue to provide mainly health education, relaxation classes, and preparation for motherhood. The medical aspects of pregnancy are dealt with mainly by the General Practitioner, of whom an increasing number have a domiciliary midwife in attendance at their clinics.

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### *Ante-natal clinics*

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<i>Women attending for:</i>	
Ante-natal examination	612
Post-natal examination	.
<i>Sessions held by:</i>	
Medical Officers	126
Midwives	183

### Relaxation Classes

Each class consists of relaxation and exercises in preparation for the confinement, and also instruction in pregnancy, labour, child care, and related subjects.

The number of women who attended during the year was 1,187 of whom 847 were booked for institutional confinement, and 340 for domiciliary confinement. The total number of attendances was 8,308.

### Dental Services for Expectant and Nursing Mothers, and Children under the age of 5 years

Mr. D. Hobbs, B.D.S., Principal Dental Officer, reports as follows:—

As last year, the only area in which any appreciable numbers have been treated regularly has been at Loughborough. In other areas, where Dental Officers are operating, treatment has been provided on request.

It is likely that this extremely limited pattern of treatment will continue until such time as the general staffing position improves.



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*Dental Treatment Provided during 1967*

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	Expectant and nursing mothers	Children under five
Prophylaxis	.	2
Fillings	.	10
Teeth otherwise conserved	.	4
Crowns or inlays	.	.
Extractions	1	58
General Anaesthetics	.	.
Dentures provided	.	.
Radiographs	.	.

**Unmarried mothers and their children**

An annual grant is made to the Diocese of Leicester Council for Social Work who provide a service in this field. The Superintendent Health Visitor and her staff are also involved and undertake the supervision of many cases.

There has been an increase this year in the number of illegitimate live births in spite of a decreasing birth rate, but the illegitimate rate still remains well below the national average.

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*The illegitimate birth rate in the County*

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	1957	1965	1966	1967
Total live births	6,155	8,376	8,132	7,953
Illegitimate live births	184	380	368	396
% illegitimate/total live births	2.99	4.53	4.05	4.98

**Eye Treatment**

The School Health Service deals with children of pre-school age who require treatment. Patients are examined in Local Authority clinics by consultants from the Sheffield Regional Hospital Board which supplies glasses under prescription.

**Day Nurseries**

The two day nurseries at Hinckley and Loughborough are now in urgent need of replacement by modern 50 place buildings. Both premises were war nurseries, built of breeze block to a standard design laid down by the Ministry of Health. The Hinckley Nursery, erected in 1942 for 40 children, stands off the Rugby Road adjacent to the municipal car park. The 50 place Loughborough Nursery (1944) is pleasantly situated in Southfield Park.

During 1967 agreement was reached with Hinckley U.D.C. whereby a site for a new day nursery would be made available at Granville Road Recreation Ground in exchange for the present site. The Loughborough Day Nursery site is required by the Ministry of Public Buildings and Works for a Crown Office building and it is hoped that the new nursery will ultimately be built in the grounds of Hastings House.

In spite of their obsolete pattern and decaying fabric these two nurseries continue to provide children with home-like surroundings. Priority of admission is reserved for those with sociological needs and for handicapped children who benefit by the extra stimulation of nursery life.

In 1950 the nurseries were approved for the practical training of students taking the N.N.E.B. Certificate and since then 62 girls have been successful candidates. Many of these have gone on to become state-registered nurses, others as staff nursery nurses in childrens residential homes, nursery schools and hospital premature baby units.

A number of married women holding this certificate, with young children of their own, become play-group leaders.

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*Day Nursery Statistics*

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	Loughborough	Hinckley
Number of approved places	50	40
Number on register at year end	45	38
Total attendances	7,773	7,947
Average daily attendance	33	34

The attendances at Loughborough were below average for this year due to underbooking of non-priority cases early in the year because of staff shortage through illness. In July children from a nearby hostel for unmarried mothers were accommodated whilst their own nursery was closed for staff holidays and during August and September new admissions were also restricted to welfare cases as the nursery was working under difficulty whilst workmen were installing a new heating system.

**Maternity Outfits**

During the year, 2,392 standard outfits, together with a bottle of suitable antiseptic, were issued by the Department; a decrease of 685 from the previous year. Some 1,260 modified outfits were issued for use in the maternity hospital discharges up to 3 days after confinement, which showed an increase of 361 on 1966. This underlines the trend away from domiciliary deliveries to hospital confinement with an early discharge.

**Family Planning**

During the year new legislation was introduced under the National Health Service (Family Planning) Act, 1967.

The Act gives Local Health Authorities permissive powers to provide either directly, or on an agency basis, a family planning service on either medical or social grounds.

Discussions took place between the Officers of this Authority and the Family Planning Association as a result of which the County Council agreed to give increased financial assistance to permit the Association to fulfil the Council's powers under the Family Planning Act, on an agency basis.

During the year, women who for medical or social reasons need advice on contraception, are referred to the Leicester Clinic of the Family Planning Association. At the close of 1967, a total of 251 women had been so referred.

Some 68 women were referred during 1967, 41 of these for the fitting of an intra-uterine contraceptive device (IUD).

The IUD is especially valuable for those women whose personal or domestic circumstances make the use of other forms of contraception unacceptable over a long period. Clearly, it is the method of choice for social problem families so that it is particularly unfortunate that 10 of those referred for this method failed to keep their appointments at the Clinic.

Follow-up of those who have difficulties in keeping appointments is an area in which Health Visitors have much to contribute.

**Deafness in Young Children**

A Senior Medical Officer and a Teacher for the Partially Hearing are responsible for this service. Children referred to the Department are examined at Clinics in various parts of the County, where Mr. Jenkins, the Ear, Nose and Throat Consultant is in attendance. Patients are visited in their homes if they are unable to attend a Clinic, and visits are made to provide treatment and assess progress.

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<i>The work of the Young Deaf Clinic during the year</i>		
	1967	1966
Number of Clinics held	55	47
Number of Children attending	194	172
Number of pre-school E.N.T. Clinics	9	8
Number of children attending pre-school E.N.T. Clinics	58	46

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**Congenital Malformations apparent at birth**

Defects which are notified as being suspected at birth are confirmed before the information is given to the Registrar General in the monthly returns. This, together with notification of defects which reveal themselves later, gives a composite picture of congenital abnormalities which can be at variance with that obtained by strictly adhering to the information given from observation of the baby 'immediately after its birth'.

The National rate of notification of congenital abnormalities was 16.4 per 1,000 total births in 1964 and 15.9 per 1,000 total births in 1965. The equivalent figure for the County in 1967 was 24.0.

It is of some interest that of the thirteen anencephalic infants born (two of them alive) all but one was female. This domination of females over males is seen in defects of the central nervous system, there being 14 females : 6 males.

The Registrar General has drawn attention to the fact that there has been an increased notification of Mongolism from Leicestershire recently. During 1967 there were 12 cases notified; one per 672 births. The overall pattern shows two 'clusters' — one cluster of four in January and another of four in June. Despite detailed investigations there are no obvious reasons for this apparent increase and the distribution within the County is proportional to the population distribution.

<i>Children suffering from Congenital Malformations – Livebirths</i>		
	Central Nervous System	20
	Eye and ear	3
	Alimentary Canal	24
	Heart and Great Vessels	11
	Respiratory System	1
	Uro-genital System	15
	Limbs	48
	Other skeletal	1
	Other systems	29
	Other Malformations	14
	Male	87
	Female	78
	Undetermined sex	1
<i>Total Malformations in above</i>		
	Male	118
	Female	112
	Undetermined sex	3



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*Children suffering from Congenital Malformations – Stillbirths*

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Central Nervous System	22
Ear	2
Alimentary and Renal Systems	2
Peripheral Vascular System	1
Other Malformations	1
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Male	6
Female	22
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<i>Total Malformations in above</i>	
<hr/>	
Male	10
Female	30

**The Observation Handicap Register**

The setting up of the Observation Handicap Register in the County of Leicestershire took place on 1st January, 1967.

Its aims are threefold – firstly to detect those children born of parents residing in Leicestershire who by virtue of ante-natal peri-natal, or genetic history are at risk of developing a handicap. A handicapped child has been defined by Doctor Mary Sheridan as one who suffers from ‘any continuing disability of body, intellect or personality which is likely to interfere with his normal growth, development and capacity to learn’. The criteria of the register are those accepted by the Society of Medical Officers of Health.

Secondly, to detect handicapping conditions early should they occur in any of these children so that appropriate help can be given at the earliest opportunity to the child and his parents. It is envisaged that liaison between Consultant, General Practitioner and Local Authority Medical Officer will give handicapped children and their families comprehensive care covering all aspects of their welfare.

Thirdly, by following the developmental progress of the children to assist the Local Education Authority to plan for the educational needs of these handicapped children.

Accurate information is essential if the Register is to be of benefit and a great deal of detailed work has been undertaken by Domiciliary Midwives, the staff of Maternity Hospitals inside and outside the County, Health Visitors and by Child Health Clinic Doctors. There are unfortunately certain gaps in our knowledge. The first year of this large undertaking has worked remarkably well and valuable lessons in the administration and function of the Register – a new aspect of preventative medicine – have been learned.

The total number of children born in 1967 placed on the Observation Handicap Register is 3,950 which is 49.7% of total births during the year.

Child Health Centres

During the year, the Sheldon Sub-Committee, which was set up in 1964 by the Ministry of Health’s Standing Medical Advisory Committee for England and Wales ‘to review the medical functions and medical staffing of Child Welfare Centres and to make recommendations’, published its report.

The Sub-Committee found that there was a continuing need for Child Welfare Clinics, but considered it more appropriate to describe it as a Child Health Service. It outlines the functions of the Service and envisaged that it would ultimately become a part of the Family Health Service, with family doctors undertaking clinics for the children to their practice with the assistance of Health Visitor attachment.

In Leicestershire the County Council provides 85 Child Health Clinics, 7 of which are held in purpose-built centres, 78 in rented premises, including one Group Practice Health Centre and this clinic is undertaken for the Local Authority by the general practitioners concerned.

At these centres the functions include routine medical examinations of healthy children under five years of age, advice on infant nutrition, parental counselling and health education. The provision of dental examination is at present impractical owing to the shortage of Local Authority dental practitioners.

Protective inoculations are not given at these clinics but by family doctors, all of whom it is hoped will be supported in the near future by a computer assisted vaccination and immunisation scheme.

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*The number of children attending during the year*

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	1967	1966
Aged under one year	5,847	6,136
Aged under two years	4,967	5,172
Aged between two and five years	3,758	3,807
Totals	14,572	15,115

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*The number of sessions held during the year*

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	1967	1966
By Medical Officers	768	662
By Health Visitors	1,263	1,268
General Practitioners employed on a sessional basis	322	382
Totals	2,353	2,312

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## Welfare Foods

There are now 119 distribution centres in the County, of which 84 are in County premises, and the remainder at Post Offices, shops, and private homes.

Great help is given by the Women's Royal Voluntary Service, who deal very efficiently with the distribution in the larger towns, and who also find distributors, if requested, in the rural areas.

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### *Issues over the last four years*

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	1964	1965	1966	1967
Dried Milk, tins	45,109	32,935	32,868	30,911
Orange Juice, bottles	84,813	89,104	91,621	93,391
Cod Liver Oil, bottles	5,689	5,644	5,205	4,991
Vitamin A & D tablets, packets	12,167	10,942	9,313	8,259

## Registration of Nurseries and Child Minders

Requests for registration under the Nurseries and Child Minders Act, 1948, increased again in 1967. During the year it was decided to run evening courses for Play Group Leaders in the larger population areas of the County. Dr. Foden, Head of the Department of Commerce and General Education at Loughborough Technical College, instituted a two-term course in Studies of Child Welfare and three one term courses were held at Hinckley, Melton Mowbray and Oadby. All these courses were very well supported by play group leaders, whose attendances were well maintained. Grateful acknowledgement and thanks is made to Miss A. M. Crutchfield and her colleagues on the staff of the City of Leicester College of Education, Miss B. Wright, Principal, Nottingham Nursery Nurses College, Mrs. Watts Health Tutor, Nursery Nurses Course, Henley College of Further Education, Coventry and to the Educational Advisors and Headmistresses of Infant Schools of the County for their invaluable help in programme planning and in giving lectures and demonstrations. The County Library Service must also be thanked for mounting book displays and for producing a pamphlet explaining the way it can help to meet the needs of playgroups.

At the end of the year there were twenty-eight Registered Child Minders. Of this total, four provided full day care and twenty-four part day care. There were forty-seven Registered Play Groups/Nurseries which were provided in Village Halls, etc.

Ministry of Health Circular 18/67, which relates to the protection from tuberculosis of organised groups of children, was received in October 1967. It was recommended that prospective and current staff should be given an X-ray examination of the chest, and that if necessary, they should be excluded from contact with groups of children until it was certified that they were free from any risk of conveying infection. The suggested frequency of examinations was three years, with more regular examinations for those who had recently been cured of the disease.



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## MIDWIFERY

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The uncertainty of the future of the Domiciliary Midwifery Service continues to be uppermost in the minds of most Midwives, and many have expressed their concern both for their future and for their loss of job satisfaction. The availability of hospital beds for midwifery cases in some areas where there are neither social nor medical reasons, and early discharge has added to this dissatisfaction. But of course the right of women to choose the most convenient place for delivery when beds are offered must be accepted. The exercise of this right is shown in the increased ratio of Hospital to Domiciliary Deliveries. This should not be seen as either a reflection on the Domiciliary Services or a bouquet for hospital delivery, but simply an example of domestic convenience with the mother wanting the best of both worlds.

Visits were made to 4,004 cases delivered in hospital and discharged before the tenth day.

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### *Confinements in the County for five years*

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	1963	1964	1965	1966	1967
Institutional	4,882 59.8%	5,546 64.2%	5,808 64.5%	5,975 64.1%	5,852 72.2%
Domiciliary	3,275 40.2%	3,097 35.8%	3,194 35.5%	3,260 35.9%	2,200 27.8%

To date there are no attachment schemes for whole-time midwives although we have district nurse/midwives attached to several general practitioners. It is hoped that with better communication between doctor, patient and midwife both the service and interest will improve, although it is early days to pass any positive opinions.

During the year the remaining two thirds of the midwives have been issued with Entonox apparatus and this is now the only form of analgesia used by domiciliary midwives in the County. Special carrying cases for this apparatus are produced at an Adult Training Centre and are much appreciated.

Resuscitation of new born infants is very much midwives responsibility, and staff in the County already carry Vandid oral and mucous extractors. It has been decided to supplement these by the issue of Cardiff Infant Inflators to all midwives and district nurse/midwives and an 'in service' training programme will be arranged.



Midwives due to attend the statutory refresher course were again allowed to attend a greater selection of courses in smaller groups, and have expressed their satisfaction in these arrangements. In addition to this, arrangements were made for two midwives to attend for one month's Post Graduate Course in hospital in order to return to midwifery. We are grateful for the co-operation we received from the Matron and Staff of Bond Street Maternity Hospital in this matter.

### **Sociological Investigations**

There were 1,468 sociological investigations during the year, a decrease of 239 (14%) on 1966.

These cases present a normal midwifery picture, but there are domestic circumstances which make it desirable for them to be delivered in a hospital or General Practitioner Unit and to be retained for up to 7 days or in extreme circumstances up to 10 days.

The reasons may be lack of bedroom accommodation or in really rural areas, lack of convenient bathing or toilet facilities. The house may be very isolated or there may not be a responsible adult on the premises at night if the husband works shifts.

An application is made to the Health Department by either the General Practitioner, the patient or the domiciliary midwife, and the home is visited and the necessary form completed by the domiciliary midwife. This form is then assessed by a Medical Officer in the County Health and Welfare Department and booking is either recommended or not recommended to the Hospital Management Committee, who then take the appropriate action.

These cases are gradually decreasing. In fact, the number of true sociological bookings in the County is being overshadowed by an increasing number of cases who do not conform to any sociological criteria but who are booked to be delivered in a General Practitioner Unit because either the patient or her doctor wish this to be done for various reasons. The non-sociological bookings account for the large increase in the number of assessments for early discharge.

### **Assessment for Early Discharge**

The number of assessments for early discharge during the year was 2,018. This was an increase of 790 (56%) on the previous year.

These visits are also carried out by domiciliary midwives and here the cases fall into two main categories:

- (a) Those patients who, because of previous medical or midwifery history, or because they fall into the special groups are booked for delivery in hospital and are considered will be suitable for discharge within 48 hours subject to adequate domestic arrangements being made.

- (b) The large number of patients who do not qualify either on medical, midwifery or sociological grounds but who are booked into General Practitioner Units for delivery and early discharge.

In both these instances the patient is first booked into the hospital or General Practitioner Unit, who notify the Local Health Department.

The domiciliary midwife visits the home and plans with the patient her care after discharge. Many patients fail to realise that they will require nursing care and a midwife will attend. If necessary the midwife will contact the Home Help Department to arrange domestic support, or she will interview the husband to ensure that adequate help will be available when the patient returns home. All midwifery patients discharged before the end of the third day are supplied with a modified Maternity Pack.

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*Confinement of County Cases Occurring in Institutions Outside the County in 1967*

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Burton-on-Trent, Andressey Hospital	31
Burton-on-Trent, General Hospital	18
Derby City Hospital	93
Derby, Queen Mary Maternity Home	15
Grantham General	15
Harborough Magna, St. Mary's Hospital	58
Kettering, St. Mary's Hospital	48
Leicester Royal Infirmary Maternity Hospital	1,661
Leicester General Hospital	734
Leicester, St. Francis Private Hospital	215
Leicester, Westcotes Maternity Hospital	136
Nottingham, Women's Hospital	113
Nuneaton Maternity Hospital	128
Nuneaton, George Elliot Hospital	153
Oakham, Memorial Hospital	22
34 Hospitals with less than fifteen Confinements of Leicestershire Patients	123

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Total	3,563
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*Confinements in Institutions 1967*

	County Cases	Non County Cases	Total
Ashby and District Hospital	314	111	425
Kirby Muxloe, Roundhill Nursing Home	755	394	1,149
Loughborough General Hospital	343	4	347
Lutterworth Cottage Hospital	103	5	108
Market Harborough and District Hospital	253	42	295
Melton War Memorial Hospital	1	.	1
Melton Mowbray St. Mary's Hospital	509	19	528
Narborough, Carlton Hayes	1	.	1
Totals	2,279	575	2,854



### **Staffing**

The Health Visiting staff has not increased as hoped and was well below establishment at the end of the year. In 1967, 9 new Health Visitors and Student Health Visitors were recruited but this was offset by 10 resignations and retirements. There is a great national shortage of Health Visitors, and Leicestershire are in a similar plight to many other authorities.

Three Group Advisers were trained in middle management during the year and one of them, Miss S. M. Pearce, was subsequently appointed as Deputy Superintendent Health Visitor.

### **In-service Education**

Arrangements were made for 'in-service' training for 10 of the longer serving Health Visitors. They attended a course of 10 lectures on Sociology at Vaughan College. This was an attempt to give earlier trained Health Visitors a chance to 'speak the same language' as the more recently trained Health Visitors. The lectures were very much appreciated.

Unfortunately, despite repeated efforts, it was found impossible to replace one of the Fieldwork Instructors who left during the year. This post is a very important link with the training school and ensures that Student Health Visitors get intensive training in the practical side of their course. One of the difficulties in finding replacements is that it involves a 30 day residential training period. As many Health Visitors in service today are married they find it difficult to leave their families for this period of time.

### **Liaison**

Attachment to General Practitioners has progressed as staff permits, and where it is established the service to the community has improved. The General Practitioners in Measham have had purpose built premises erected for a group practice and this is proving well worth while, for it is enabling General Practitioners, Health Visitors and District Nurses to work together as a team. The group practice attachment is working very well in Hinckley and the success of this particular attachment has been published in the medical and nursing journals.

This year the administration moved to new premises at Glenfield and this has enabled us to have a closer working relationship with other departments. The Health Education section in particular find this a wonderful move from their old small cramped premises in Friar Lane.

Visits were made to 45,926 cases of all types during the year.

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*Home Visits by Health Visitors*

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	1967	1966
Children born in 1967	8,138	7,953
Children born in 1966	9,964	9,661
Children born in 1962-65	21,107	20,233
Total number of children	39,209	37,847
Persons aged 65 or over	3,948	3,587
Special visits at request of G.P. or hospital to persons aged 65 or over	1,587	1,452
Mentally disordered persons	208	186
Special visits at request of G.P. or hospital to mentally disordered persons	120	86
Persons discharged from hospital other than mental hospital (excluding maternity cases)	140	105
Special visits at request of G.P. or hospital to persons discharged from hospital	105	68
Tuberculous households	388	490
Households on account of other infectious diseases	60	33
Other cases	1,973	3,357
Diabetics	792	936
Lectures	789	770
Regarding unmarried mothers	64	58

### **The Elderly**

The care of the elderly in the County is becoming one of the priorities in the Health Visitor's work. Social visiting is important as many old people are found to be suffering unnecessary hardships. Loneliness is one of the greater troubles which Health Visitors can alleviate by referring to 'good neighbour' schemes or to the Old People's Welfare Association. Attachment to General Practice is proving important as the Health Visitors know all the old people on the doctor's list. There is considerable visiting to be done in assessing the need for admission to a geriatric hospital. Relatives must be contacted as well as the patient, and follow-up visits made until the person is eventually admitted to hospital.

## **Diabetic Clinics**

One Health Visitor works almost exclusively from the Diabetic Clinic at the Leicester Royal Infirmary. There are three weekly Clinics and the Health Visitor sees all new patients there. Follow-up visits are made in the patients's own home and the diet is explained in more detail. The patients are also taught to give their own Insulin. The Health Visitor visits the schools where Diabetic children are starting for the first time, to ensure that the teacher knows the need for extra carbo-hydrate for exercise and the treatment of Hypoglycaemia and to check that the child carries an Insulin Card and Glucose tablets. Here again the elderly diabetic needs a great deal of care and after care.



### **Staffing**

Home nursing duties are carried out by district nurse/midwives in the rural areas and whole-time district nurses in the urban areas. At the end of the year there were 47 district nurses and 73 district nurses/midwives. There were ten vacancies for district nurse/midwives.

The service was supported by nursing auxiliaries in urban areas and at the end of the year plans were in hand to extend this service to rural areas.

### **Training**

The nursing staff continue to attend General Nursing Refresher Courses organized by the Queens Institute of District Nursing. Approximately 40% of the staff have now had the opportunity to attend and many are asking to be allowed to attend more often than once in five years, as they find the courses most interesting and stimulating. Unfortunately, at present it is not possible to arrange for more frequent attendance, although in future it is hoped to do so.

### **Nursing Auxiliaries**

In the middle of the year nursing auxiliaries were employed by the County for the first time. They are proving very valuable members of the nursing team and much of their time is devoted to the care of the increasing numbers of aged persons in the population who do not require the services of a trained district nurse and who, with a little supportive supervision, can remain independent within the Community.

Because nursing auxiliaries have no formal nurse training before they are allowed to visit patients in their own homes, they each completed one week planned 'in service' training. During the week the nursing auxiliary spends some time with each of the nursing sisters on the areas where she is likely to be working, and some time in County Hall, where she is shown how to avoid or to cope with various difficult situations. This latter part of the training has been carried out very successfully since the facilities of the training flat at headquarters became available.

During the training week every nursing auxiliary receives detailed advice and instructions on the care of the feet, and we are indebted to Mr. Tennant for allowing auxiliaries to attend one of his chiropody sessions at Oadby and for all his helpful advice.

**Attachment Schemes**

Steady progress in the Home Nursing Service continues. The attachment of Local Authority Nursing Staff to group practices continues to occupy an increasing proportion of administrative time. To ensure successful attachment it is important that full discussions and careful planning take place before hand. Each practice produces its own individual problems and ideas, so that there are no rigid rules. To date all schemes appear to be working well and members of staff are expressing opinions of improved job satisfaction.

**Geriatric Nursing**

There was a considerable increase in the amount of Geriatric Nursing during the past year, and this is reflected in the disproportionate increase in home nursing visits to cases. This means that although just over half of the increased number of cases (55%) were patients over 65 years, about 90% of the increased number of visits were to patients in this age group.

**Summary of Statistics**

<i>Cases and Visits – all patients</i>			
	1966	1967	Increase
Cases treated	7,028	8,028	1,000
Visits	154,043	183,211	29,168

<i>Cases and Visits – patients over 65 years</i>			
	1966	1967	Increase
Cases treated	3,561	4,112	551
Visits	95,593	121,783	26,190

**County Hall Nurse**

When the new County Hall premises were built, provision was made for a fully equipped medical room staffed by a nurse under the supervision of the District Nursing Superintendent. It is used to provide first-aid treatment in emergency, and routine application of medications and dressings to obviate the necessity for staff to travel a distance to General Practitioners Surgeries and Hospital Out-patients departments. This room is also used for Cervical Cytology Clinics and staff medicals.

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## AMBULANCE SERVICE

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### **Premises**

The rented accommodation in Melton Mowbray occupied as an Ambulance Station since the inception of the National Health Service in 1948, was replaced by a purpose-built Station in Leicester Road, Melton Mowbray. The new premises were brought into use on the 10th December.

### **Training Scheme**

During the first part of the year Standard and Advanced Courses for staff of the Service were continued. This Authority was one of nine selected by the Ministry of Health to organise 'experimental' training courses, as recommended in the report of the Working Party on Ambulance Training and Equipment. Two such courses, each of six weeks duration, were held between October and December, and were attended by staff from this and five other local authority ambulance services.

Three members of the Ambulance Service staff attended a Ministry of Health Study of Instructors Notes held at the Home Office School Falfield, and two members of the Ambulance Service staff attended an Ambulance Service First Aid Instructors Course arranged by the Ministry of Health at the R.A.M.C. First Aid Training Wing, Mytchett.

### **Civil Defence**

As a result of the re-organisation of the Civil Defence Corps, the augmentation of the ambulance services ceased to be a function of the Corps and the Ambulance and First Aid Section came to an end on the 30th September, 1967. New arrangements for Wartime Ambulance and First Aid Services were outlined by the Ministry of Health. These included the creation of an 'Ambulance Reserve' consisting of volunteer drivers. A plan was drawn up for the provision of the wartime ambulance service in Leicestershire which would comprise three ambulance companies of sixty vehicles each, manned by members of the existing peacetime ambulance staff and 236 volunteer drivers. A proposal to invite recruits by approaches to local motoring organisations and the distribution of leaflets with renewed driving licences had not been put into effect by the end of the year.



Three members of the Ambulance Service Staff attended conversion courses for Ambulance and First Aid Section instructors at the Home Office School, Falfield, and one member of the staff attended an instructors re-qualifying course on 'Organisation of First Aid Services' at the Home Office School, Taymouth Castle.

### **Competitions**

One hundred and forty three Drivers were entered in the Safe Driving Award Scheme organised by the Royal Society for the Prevention of Accidents for 1967 and of these 110 (77%) gained awards.

The Service was represented in the National Ambulance Services Competition by a team comprising a Driver and Attendant, which competed in the Regional Eliminating Round. The Leicestershire team was awarded the Oswell trophy as joint winner of the Team Test.

### **Communications**

During the year, four sitting case vehicles (mini-buses), originally purchased to convey mentally handicapped children to Training Centres, were replaced by dual purpose ambulances which, unlike the mini-buses, are fitted with two-way radio equipment. With four additional vehicles radio-controlled, the efficiency of the Service is considerably improved.

Radio equipment was also provided at each Ambulance Station to monitor messages between Control and vehicles. This enables the duty Officer at each Station to plan the use of the staff and vehicles at his disposal to the best advantage.

### **Transport of Patients by British Rail**

Long distance journeys are arranged by ambulance — train — ambulance where this method of transport is suitable and possible. It is used mainly for patients attending at London Hospitals either for admission or for outpatient treatment.

During 1967, 86 patients were conveyed by ambulance and train to the following destinations other than London:— Aberdeen, Birchington on Sea, Birmingham, Blackpool, Droitwich, Harrogate, Hexham, Oswestry, Sheffield, West Kirby and Wigan.

### **Statistics**

At the end of the year there were 179 members of staff employed by the Service and 58 vehicles in use.

*The work of the Service compared to previous years*

	1967	1966	1965	1957
Total number of cases	155,543	146,779	145,168	114,161
Mileage	1,405,307	1,330,980	1,278,309	919,432
Average miles per patient	9 miles	9 miles	9 miles	8 miles

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PREVENTION OF ILLNESS, CARE AND AFTER-CARE

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Convalescent Home Treatment

Patients who are recovering from illness are sent for recuperative holidays to the Homes given below. In addition, many old people are sent each year who are suffering from chronic debility or old age. Although this is not the accepted function of this service, it is considered that a short period of care each year is an effective means of keeping old people within the community.

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*County cases at homes during 1967*

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Sheringham House Convalescent Home	39
Hunstanton Convalescent Home	23
Overstrand Hall Convalescent Home	27
Roecliffe Manor Convalescent Home	8
Metcalf-Smith House, Harrogate	1
Total	98 (96 in 1966)

Cervical Cytology

As anticipated in the Annual Report of 1966 a local authority cervical cytology service was established in the spring of 1967. Clinics are held in the local authority Health Centres at Coalville, Hinckley, Leicester, Melton and Oadby, and each is staffed by a woman doctor with a domiciliary nurse and a clerk in attendance.

The time between requesting an appointment and being seen varies for each centre and, as might be expected, the longest waiting list is for the Leicester centre which serves county patients living on the periphery of the City and also women coming into Leicester daily to work. Shortage of hospital laboratory technicians has been the principal reason for the length of waiting time and no clinics could be held during the holiday months of July and August for this reason. The position however improved greatly towards the end of the year and waiting time was reduced to between three to six months.



These Local Authority clinics are not intended to provide a complete County service but to offer facilities complementing those of the general practitioners. Copies of all pathological reports are sent to the patient's family doctor.

The number of women examined during the year was 687. Of these, there was one positive result.

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<i>The Number of Women attending – In Age Groups</i>	
Age below 25 years	3
Between 25 – 35 years	186
Between 35 – 45 years	302
Between 45 – 55 years	151
Between 55 – 65 years	45
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Total	687

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**Health Education**

*Staffing*

This section of the Health Department is staffed by two Health Visitors engaged full-time in health education programming with part-time clerical help. It is hoped that as the ten year plan envisages, there will be an increase of staff for the promotion of health education to cover many more County areas.

*Organisation*

This consists of arranging programmes to promote and stimulate the community to take more part in understanding community health, for example the establishing of relaxation classes, promoting health education in schools and providing speakers on specialist topics to various sections of the community. As this is a large County, the section must rely on reinforcement for this promotion from Health Visitors engaged on routine health visiting duties, Midwives and Physiotherapists. Because of this a considerable amount of 'in-service education' to bring field members up to date with modern and useful techniques, in the use of visual aids and equipment to assist promotion of health education subjects is needed. Statistics are kept of numbers attending relaxation classes, those receiving health education in schools, and the like, to enable the section to plan future programmes. Field members are provided with visual aids and notes from the section. The requests from Youth Organisations, Boys Clubs etc. for publicity materials and films is met with from an annual grant for materials and equipment such as 16m. sound projectors, films, film strips etc.

### *Health Education in Schools*

A large part of the health education programme is promoted through the school child, with health and hygiene classes for the Primary Schools, lectures on parent craft and mothercraft for the older child, and discussions on specialist subjects such as Drugs, Smoking, V.D., Cancer, Alcoholism and Social Welfare for the sixth formers. Requests are received from the schools and after a visit, programmes are suggested to meet the needs of the school. It has been the policy to spend periods of up to 12 sessions in a school with a view to building up a good relationship between the school, the teaching staff, and the children. Where possible, the class teacher has been present to help promote the topic, and to be able to follow up such a topic or pass on relevant information to the health visitors. The whole promotion is well received, and many requests are received from Parent-Teachers Associations. Unfortunately, when 75,000 pupils are on the registers of the Leicestershire Local Education Authority, the contact is necessarily small, probably to the order of less than 2% per annum.

### *Campaigns*

In the past any local campaign or promotion has been complimented by the Section, mainly by leaflets, posters and talks. Home Safety has also been promoted by exhibitions in Braunstone Park and Leicester Home Life Exhibition, and an exhibition promoted with the aid of the Pharmaceutical Society for the Oadby area. Posters and leaflets are delivered to schools on seasonal topics, firework posters are a good example. Any change in the Social Welfare Services that affect the population are covered as much as possible.

Campaigns must be persistent, effective and arouse sufficient stimuli which means that they must have a professional look, must not be too complicated, and must be eye catching. They must also be backed by a team effort of the 'spoken word'.

### *Evening talks*

Evening talks were greatly reduced during 1967 due to increasing demands on the section. Even so, the promotion of Cervical Smear Clinics was in no way reduced, and Women's Groups throughout the County were given a talk on Cervical Cytology, and the simple examination and further tests which could be done for breast cancer. Youth Clubs and Parent-Teacher Groups also requested talks, and the subjects most requested were The Use and abuse of Drugs, and Personal Relationships.

### *Miscellaneous Groups*

The Health Education Section gives assistance to the Home Help Service, Ambulance Service, Red Cross, the Duke of Edinburgh's Award, Group Schemes, on most environmental health subjects and programme planning and assisting with courses of lectures.

### *Home Safety*

Home Safety Committees were set up in the County on a district basis, the latest area to form its own committee was Melton Mowbray. They are given assistance by the section with the provision of publicity materials, and smaller exhibitions, and they are co-ordinated by a central committee which meets at County Hall. Following the promotion of a Home Safety Lectures course which consisted of two evenings devoted to showing district committee members the use of visual aids and the function of Cine equipment, many areas now promote their own home safety and provide personnel to give lectures on this topic in schools etc. A Home Safety County Quiz which was organised by the central committee was well supported by districts, with the semi-finals and finals being staged at the County Rooms, Leicester, and Police Headquarters, respectively. Winning shields were awarded with medals for both winners and losers, and this is now a feature of home safety promotion amongst young people.

### *The Future*

To provide an effective and comprehensive health education programme, the organisation of the section is urgently required with a greater degree of delegation within the existing staff. These workers must be supported by improved programmes of training and a massive output of information and all health education topics.

### **Provision of Incontinence Pads**

Patients living at home who are incontinent receive free issues of disposable pads which are distributed from thirteen centres in the County. A weekly supply of twenty-five pads, for a period of three months, is the usual provision. When friends or relatives are not able to collect the supply on behalf of the patient, the Women's Royal Voluntary Service help with deliveries to the home address. The scheme is greatly appreciated by patients, relatives and domiciliary nurses.



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*Issues of packs during the year*

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Ashby-de-la-Zouch	509
Coalville Ambulance Station	693
Hinckley	528
Hastings House, Loughborough	763
Loughborough District Nursing Association	730
Woodmarket House, Lutterworth	245
Westhaven, Market Bosworth	300
Catherine Dalley House, Melton Mowbray	676
Health Department, Leicester (County Hall, Glenfield from November)	2,436
Market Harborough	483
Wigston	294
Castle Donington (Commenced June)	104
John Storer House, Loughborough	12
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Total	7,773 packs of 25

### **Chiropody Service**

The service, which is administered through voluntary associations, deals with people of pensionable age and the handicapped. Patients either visit their local Chiropody club or receive domiciliary treatment if they are unable to travel. Cases are referred to the department by the Ministry of Social Security, General Practitioners, Health Visitors, and District Nurses.

It was decided, when the scheme was reviewed in February, that it should continue in its original form, except for minor alterations, as it could be administered conveniently and was acceptable to those using it.

In July, the existing charge of 3/— per treatment was the subject of discussion between officers of the Health and Welfare Department and the Ministry of Social Security, which contended that Chiropody treatment should be free to those unable to pay and that no assistance could be given by the Ministry to help patients to meet the charge. It was decided, however, that under Ministry of Health regulations, the local authority was given discretion in this matter and, as an effective system for assessing incomes was impossible under the current system, the charge was retained for all patients.

There was virtually no increase in patients treated compared to the previous year but the increase in sessions and domiciliary visits would indicate that a more effective service is being provided.

<i>Totals for years</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>
Organisations	55	66	70	78	79
Sessions held	2,213	2,562	2,947	2,838	3,463
Sessional treatments	19,362	21,942	25,214	26,463	26,492
Domiciliary visits	5,300	6,436	7,965	8,062	8,590

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DOMESTIC HELP SERVICE

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Although the home help full-time equivalent employed is still below establishment, it is somewhat encouraging to note that in addition to replacing wastage (ninety-two resignations and one discharge) there was a total increase of thirty-four home helps engaged (including thirteen re-appointments), resulting in 14,830 additional home attendances and 53,519 more home help hours compared with 1966 figures.

Viewing the following details in this light, the Service as a whole would appear to have gained more general recognition so far as the required standard of personnel is concerned.

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*Employment of Staff*

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	1967	1966
Prospective H.H's applications	289	312
Withdrawing own application	64	104
Remaining	225	208
Engaged	127	111

Despite this increase, however, it will be seen from the figures given below that there is once again a reduction of fifteen minutes in the average hours allocated per case per week. To some extent this is due to a further decrease in the total number of assisted maternity cases and in the total hours requested and supplied per individual maternity case, obviously brought about, in the main, by more hospital births with early discharges to modern well-equipped homes, the increased availability of pre-cooked foods, launderettes and the generally recognised industrial five-day week.



## The Work of the Home Help Service

<i>Staff</i>	<i>1967</i>	<i>1966</i>	<i>1965</i>
Full-time Home Helps	26	26	28
Part-time Home Helps	442	408	390
Total number of Households covered	4,060	4,040	4,036
Total daily attendance of Home Helps	126,068	111,238	116,076
Total Home Help hours	566,163	512,644	534,064

<i>Households assisted</i>	<i>1967</i>	<i>1966</i>	<i>1965</i>
Maternity	619	712	825
General Illness	301	289	323
Tuberculosis	7	9	12
Chronic Sick	132	145	159
Aged: Ill and Infirm	2,968	2,855	2,674
Night Help	4	.	2
Problem Families	2	3	5
Other Emergencies	3	3	4
Laundry only	24	24	32
Average home help hours per household per week	6	6¼	6½

Although the total yearly assisted case load shows an overall increase of forty cases only, the following figures will statistically define more clearly the actual work entailed within the organisation:—

<i>Applications</i>	<i>1967</i>	<i>1966</i>
New applications for help investigated	2,039	2,083
Cases cancelled	389	476
New cases given help according to need and home help hours available	1,650	1,607

<i>Cases terminated</i>		
Deceased	270	317
No further help required and/or warranted	1,235	1,407

It will be noted that the case-load in the aged group continues to increase and in actual fact, represented almost three-quarters of the yearly total number of assisted cases.

**Supplementary Service**

	1967	1966	1965
Number of Auxiliaries on Register	11	8	8
Number of Homes attended	20	23	10
Daily attendance of Auxiliaries	3,586	1,823	1,826
Auxiliary Hours	3,225	1,616	1,619¾

However, the aforementioned factors did result in an average increased number of hours per aged case per year compared with each of the previous three years. In point of fact 3,182 of the total 4,060 cases assisted were non-chargeable and these cases, mainly long-term aged and chronic sick, received 50,514.99 more home help hours than was supplied to the 3,196 non-chargeable cases attended the previous year (107 of which were transferred to the City Service in April 1966).

The supplementary services, where these are in operation, obviously afford a much greater degree of home-care for the aged sick and infirm. So far as the engagement of auxiliaries is concerned the year ended with eleven auxiliaries on the register but during the year there were thirteen appointments made, ten resignations accepted and a total of twenty homes in all attended, with the result that the total number of daily attendances recorded were almost double the number made during 1966.

**Washing Centres**

Coalville and Market Harborough washing centres continued to give service throughout the year but the Hinckley washing centre was subject to building extensions etc. and it was, therefore, necessary to enter into an agreement with a commercial laundry for the first half of the year in an endeavour to meet priority needs only in the district.

The end of the year saw the completion of the new Area Office block in Leicester Road, Melton Mowbray, and the accomplished transfer of the staff and office equipment on the 13th December from the wooden premises in Chapel Street. When the delivery and fixture of essential equipment is finalised early in 1968 the new purpose-built accommodation will permit the operation of the fourth washing centre in the County. By this means the weekly wash of many Elderly Sick and Infirm is dealt with surely and efficiently, with the aid of mechanical equipment and a minimum of home help hours. Also, the many basic problems besetting such household washes are solved when it is possible to wash, dry, iron and air away from the homes.

### **In-service Training**

It was only possible to arrange for three twelve day Courses of Instruction for home helps during the year due to holiday periods and the move in November to the new County Hall Premises.

The five days' practical work of the first two Courses took place in the Housecraft Kitchen of Roundhill High School, Thurmaston, and of the third, in Stonehill High School, Birstall. Forty-one home helps satisfactorily completed a Course and were presented with certificates.

Two three-day short Courses, arranged concurrently with the full Courses were attended by four home helps.

During the year plans were also in hand for furnishing and equipping the Demonstration Kitchen and flatlet provided in the County Hall so that occupation might be possible during the early part of 1968.



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**PART III:      EPIDEMIOLOGY**

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## INFECTIOUS DISEASES

### *Incidence of Infectious Diseases, in age groups, I*

	0—	1—	3—	5—	15—	25 & over	Age un- known	Total
Scarlet Fever	.	11	23	85	6	2	2	129
Whooping Cough	8	52	44	84	1	3	1	193
Acute Poliomyelitis:-								
(a) Paralytic	.	.	1	.	.	.	.	1
(b) Non-paralytic	.	.	.	.	.	.	.	.
Measles	160	986	1,104	1,687	17	9	29	3,992
Diphtheria	.	.	.	.	.	.	.	.
Dysentery	.	1	.	2	.	2	.	5
Meningococcal Infections	.	.	.	.	.	2	.	2

### *Incidence of Infectious Diseases, in age groups, II*

	0—	5—	15—	45—	65 & Over	Age unknown	Totals
Ac. Pneumonia	.	4	10	9	4	1	28
Ac. Encephalitis	.	.	.	.	.	.	.
Typhoid Fever	.	.	.	.	.	.	.
Paratyphoid Fever	.	.	1	.	.	.	1
Erysipelas	.	.	2	11	2	.	15
Food Poisoning	4	3	2	1	.	.	10
Smallpox	.	.	.	.	.	.	.

### *Prevalance of the commonest notifiable diseases*

	1962	1963	1964	1965	1966	1967
Measles	2261	4907	4395	3718	3370	3992
Whooping Cough	93	225	127	163	99	193
Scarlet Fever	195	96	140	175	87	129
Pneumonia	51	68	41	37	21	28
Dysentery	122	130	79	49	29	5

The incidence of the most common notifiable diseases is given in the above table. It is hoped that following the introduction of a suitable vaccine, the most prevalent of these diseases, namely measles, will disappear. Despite a reasonably high response rate (83%) to immunization, it is disappointing to record that the prevalence of whooping cough is still high. Perhaps the Public Health Laboratory Survey into the type of organism currently causing this condition may lead to improved control. There is a downward trend in the prevalence of pneumonia but the very low figure and a decreasing prevalence of dysentery raises doubts as to the efficiency of the reporting system

The comparatively high prevalence of (83) infective hepatitis (locally notifiable in Billesdon R.D.C., Melton Mowbray U.D.C. and Melton and Belvoir R.D.C.) suggests the need for an extension in the notification procedure to the whole Country.

In addition to the diseases already given, there were six cases of puerperal pyrexia, two cases of ophthalmia neonatorum and one isolated case of malaria.

There was one death from whooping cough and one from a meningococcal infection. Eleven deaths resulted from other infective and parasitic diseases and 177 with pneumonia.

**Venereal Disease**

Clinics for County patients are held at Loughborough General, Amberley and Perth House Clinics, Nottingham, and the General Hospital, Burton-on-Trent.

<i>New cases occurring in County residents, 1967</i>			
	Syphilis	Gonorrhoea	Other Venereal Conditions
Nottingham	.	3	24
Burton-on-Trent	.	2	8
Loughborough	.	3	12
Totals	.	8	44

<b>TUBERCULOSIS</b>
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The following is a report by Dr. M. Brough, Consultant Chest Physician.

*Statistics for the last ten years*

	1967	1966	1957	Average last ten years
<i>Respiratory T.B.:</i>				
Notifications	50	42	124	88
Deaths	14	16	21	17
Death rate	0.03	0.04	0.06	0.05
<i>Non-respiratory T.B.:</i>				
Notifications	11	15	31	24
Deaths	4	2	5	3
Death-rate	0.009	0.005	0.01	0.008
<i>Total for all types:</i>				
Notifications	61	57	155	112
Deaths	18	18	26	20

*New cases (formally and informally notified), in ages, 1967*

		Aged 0—	5—	15—	25—	45—	65—	Total
Respiratory	<i>m</i>	.	.	6	8	17	10	41
	<i>f</i>	2	2	2	4	5	2	17
Non-respiratory	<i>m</i>	.	.	.	1	.	1	2
	<i>f</i>	1	.	1	8	.	.	10

*Deaths, in ages, 1967*

		0—	5—	15—	25—	45—	65—	Total
Respiratory	<i>m</i>	.	.	.	1	5	5	11
	<i>f</i>	.	.	.	1	1	1	3
Non-respiratory	<i>m</i>	.	.	.	.	.	1	1
	<i>f</i>	.	.	.	1	.	2	3



During the past year there has been an increase in the number of notifications of respiratory tuberculosis, the figures increasing from 42 to 50. On the other hand it must be remembered that the figures for 1966 were exceptionally low, those for 1965 being 81. Of these 50 cases of respiratory tuberculosis, the rise was solely in males, ten up on the previous year, while females were down by two. Nine cases occurred in immigrants, 7 of whom were coloured. Deaths from respiratory tuberculosis decreased from 16 to 14.

The notifications of non-respiratory tuberculosis decreased from 15 to 11. There was one coloured immigrant included in these figures, giving a grand total of 8 cases of both forms of tuberculosis occurring in coloured immigrants out of a total of 61 cases altogether, i.e. 13%.

Once more a register of resistant cases has been maintained, and the numbers have now fallen from 19 to 10, but no new cases have arisen from a known resistant case in the community. The amount of sputum which these patients have remains minimal, a complete contrast to the characteristic sputum of a case of pulmonary tuberculosis prior to chemotherapy. While undoubtedly they are infectious from a bacteriological point of view, they do not seem to be anything like as dangerous clinically as the untreated case of tubercle of the past. Although this is a personal impression I think that it may be valid because many people treating tubercle nowadays cannot remember the volume of sputum which a case of tubercle produced daily in the past.

The total number of cases, both respiratory and non-respiratory, on the register on the 1.1.67 was 865. During the past year the number of new cases added to the register was 59. The number of transfers-in was 22, and 50 were removed from the register as cured. Eleven died from all causes, sixteen left the area and one was removed for other reasons. The total on the register on 31.12.67 was 868, three higher than in the previous year. It would seem that insofar as tuberculosis is concerned a state of equilibrium has been reached, with the natural fall being replaced by the higher incidence in tuberculosis occurring in the immigrant population.

### **Chest Clinic Service**

There is nothing further to report about the Chest Clinic Service in Leicestershire. The District Nurses have helped as before in a total of 49 cases during the period under review. It is acknowledged that a patient does equally well being treated at home as in hospital and this is always a great solace to a Doctor because there are patients who, leaving out the advantages of chemotherapy, do better at home than in hospital.

## **Mass Radiography Unit**

The Mass Radiography Unit in the year 1967 visited Castle Donington, Kegworth, Loughborough, Narborough, Enderby, Market Harborough, South Wigston, Wigston Magna and Gartree Prison. Five collieries were also visited.

A total of 31,179 persons were X-rayed, 4,459 more than the previous year. Ten cases of pulmonary tuberculosis requiring close supervision were discovered giving a rate of 0.32 per 1,000, a little higher than the previous year but still very low. Seven cases of carcinoma of the lung were discovered, 12 cases of sarcoidosis and 10 cases of pneumoconiosis.

## **Prevention, Care and After-Care**

The total number of notifications, both respiratory and non-respiratory, was 61 and from these 650 contacts were examined for the first time, 8 of whom were found to be suffering from tuberculosis. All contacts under the age of 40 were tuberculin tested and 448 were vaccinated with B.C.G.

The scheme for the routine X-ray of ante-natal patients has been discontinued in most parts of the County, except in the areas adjacent to Leicester City where it is desirable to have a common policy with the City Authorities for all persons attending the Ante-Natal Clinics of the main Maternity Hospitals. There is a big problem amongst the expectant mothers from the immigrant population in Leicester City. No case of pulmonary tuberculosis was found in any expectant mother living in the County in 1967.

The problem of carcinoma of the lung is referred to every year under this part of the report because it is this lung condition which has replaced the near vacuum that is left by the increasing control of tuberculosis. For the first time for many years the figures are down, the total being 191 (158 males and 33 females), a decrease of 17 in the males and an increase of 3 in the females. Twenty five of these deaths occurred in people under 55 and 28 occurred in people over 75. The most dangerous years were 55 to 75 when a total of 138 persons died.

## **The Future**

Progress is being maintained in the effort to ultimately eliminate tuberculosis. Clearly, a major factor influencing control is the presence of an immigrant population in the area. As far as Leicestershire is concerned the problem, which is limited, is in Loughborough, where seven of the new cases occurred. Markfield Hospital, which was formerly for Leicestershire patients only insofar as tuberculosis was concerned, now takes all the tubercle, both from the City and the County of Leicestershire.

The problem of tuberculosis in coloured immigrants appeared to be associated with a lack of inborn immunity. It would not be stamped out by X-raying everybody on arrival in this country, but one hopes that the children of the first generation of immigrants will gradually acquire an immunity by having been born and brought up in European surroundings.

After the last war one recalls the large excess of tubercle that was found in the Polish immigrants necessitating the setting up of special sanatoria in various parts of the country. The Polish population are now second generation in this country and there is no excess of tuberculosis in these people who were originally immigrants.

No difficulties have arisen between the Health Authorities, Social Services and the general public in the admission to Markfield Hospital of all cases of tuberculosis in this area. This is a sensible arrangement and generally accepted.



## VACCINATION AND IMMUNIZATION

The County Council's scheme affords protection against smallpox, poliomyelitis, measles, diphtheria, whooping-cough and tetanus.

An analysis of the various tables shows that the response to the vaccination and immunization procedures compares very favourably with that for England and Wales, with the exception of smallpox vaccination. Whilst this situation is satisfactory it can be still further improved, and it is hoped that increasing use of computer techniques will result in an even higher acceptance rate especially for smallpox vaccination.

### *The percentage of children protected against diseases*

	Eng. & Wales %	Leics. %
<i>Children born in 1966:</i>		
Whooping Cough	73	83
Diphtheria	75	83
Poliomyelitis	71	76
<i>Children under two:</i>		
Smallpox	39	25

### *Smallpox Vaccinations*

	0—3 mths.	3—6 mths.	6—9 mths.	9—12 mths.	1 yr.	2—4	5—15	Total
Vaccinations	59	25	25	105	1,782	1,273	461	3,730
Re-vaccinations	.	.	.	.	.	6	115	121

### *Primary Courses completed during 1967*

	Year of birth					Others	Total
	1967	1966	1965	1964	1960—3	Under 16	
Diphtheria	2,155	3,761	278	97	189	75	6,555
Whooping Cough	2,154	3,739	271	91	144	51	6,450
Tetanus	2,157	3,758	278	105	204	214	6,716
Polio	1,316	4,323	488	183	302	169	6,781



*Reinforcing Doses during 1967*

	Year of birth					Others	Total
	1967	1966	1965	1964	1960–3	Under 16	
Diphtheria .		1,696	2,971	268	4,913	455	10,303
Whooping Cough .		1,660	2,890	244	2,429	189	7,412
Tetanus .		1,692	2,973	273	4,901	705	10,544
Polio .		983	973	107	4,363	359	6,785

**Measles Vaccination**

During the year, the scheme for Measles Vaccination, under the direction of the Medical Research Council, has continued and some 2,109 children vaccinated. General practitioners were asked to notify any adverse reactions which were found.

The Medical Research Council required to know not only the numbers of children vaccinated and details of any reactions, but also the numbers of cases where a child who had been vaccinated subsequently contracted the disease. Fortunately, in the few cases where this did occur, it seems certain that the children concerned were already incubating the disease at the time of vaccination.

The comparison of the infectious disease notifications with the records of vaccination necessary to provide this information would, if done manually, have been an impossible task. It was fortunate, therefore, that we were able to make use of the County Council's computer. A programme was written which kept a record of all vaccinations carried out together with any details of adverse reactions and this is kept as a permanent record and used to provide the six monthly statistics required by the Medical Research Council.

As the notifications of infectious diseases are received from general practitioners, those relating to measles are fed into the computer and a comparison carried out with the information already stored therein. The machine then prints out a list of all vaccinated children who have contracted measles together with the number of days elapsing between the two events and a routine clerical task which would normally take several days to do can be carried out in only a few minutes.

**Electronic Data Processing**

The introduction of a Computer assisted system for recording birth notifications began on 1st January, 1967, and, on the 1st April, the first appointments were made by the Computer for children to receive immunisation at family doctors' surgeries.

From the beginning of the year the information received on notification of birth cards has been stored on magnetic tape within the Computer. Basically, this information comprises the Mothers's name and address, the baby's place, date and time of birth and the sex of the child. Certain other items of statistical information are included to enable the annual Ministry of Health returns to be completed. The tape containing this information is closed at the end of each year, and will become a permanent birth register.

From this information the Computer produces the following:—

1. Lists of births by registration district.
2. A Health Visitors record card.
3. An immunisation consent form.
4. A premature baby report form (where this is applicable).

The lists of births are forwarded to the Registrars of the various districts for comparison with their records and provide a check on the accuracy of the information submitted. The Health Visitors record card, the premature baby report, and the immunisation consent form are passed to the Health Visitor in time for her first visit.

At this visit, the Health Visitor obtains the parental consent to immunisation, verification of the name of the family doctor, and the address of the surgery usually attended.

This detail is returned and fed back to the Computer and with information picked up from the original birth tape makes up the immunisation and vaccination record and appointment tape. The computer holds, at the same time, a programme of the current immunisation and vaccination schedule which has been accepted by the Local Medical Committee.

In the appointments programme, a general practitioner is required to select one of two half days in the third week of each month, choose a starting and finishing time, and decide how many patients he will see in fifteen minutes.

Once this information has been fed into the Computer, the programme checks through the records of all children, and selects those who are due for a procedure of any sort. Once these are extracted from the master file, the Computer checks for consent, sorts the names into practice order then into antigen order and allocates an appointment time to each child. Should there be more children for immunisation than a doctor has allowed time, the computer puts out a message to this effect via the console.

A list is then printed, for each practice, of the children who are due to attend, giving the appointment time and the procedure required. A further computer run produces a postcard addressed to the parent, giving details of the appointment.

The doctor's list has printed, against each name, the numbers 1, 2, and 3, and the doctor is required to ring one of these numbers.

1. Indicates that the child attended and was immunised satisfactorily.
2. The child did not attend but an excuse was received.
3. The child did not attend and no excuse was received.

For smallpox vaccination, the letters A – G are printed after the name to indicate the various results which can be obtained.

After the session has been held, and a result entered against each child's name, the general practitioner signs the list and returns it to County Hall. The results are fed back to the computer and the master-file updated for the next appointment run.

Should a child fail three consecutive appointments without a reason being given, the computer ceases to make further appointments and a Health Visitor is instructed to make a home visit.

A doctor is at liberty to give any unscheduled immunisations he wishes and these are added to his list to be fed into the computer in the same way.

The appointments lists are then passed to the Local Executive Council for the payment to the doctor of the prescribed fees.

Initially, ten practices were invited to take part in a trial scheme to enable any snags to be eliminated before the service was offered to all doctors in the County.

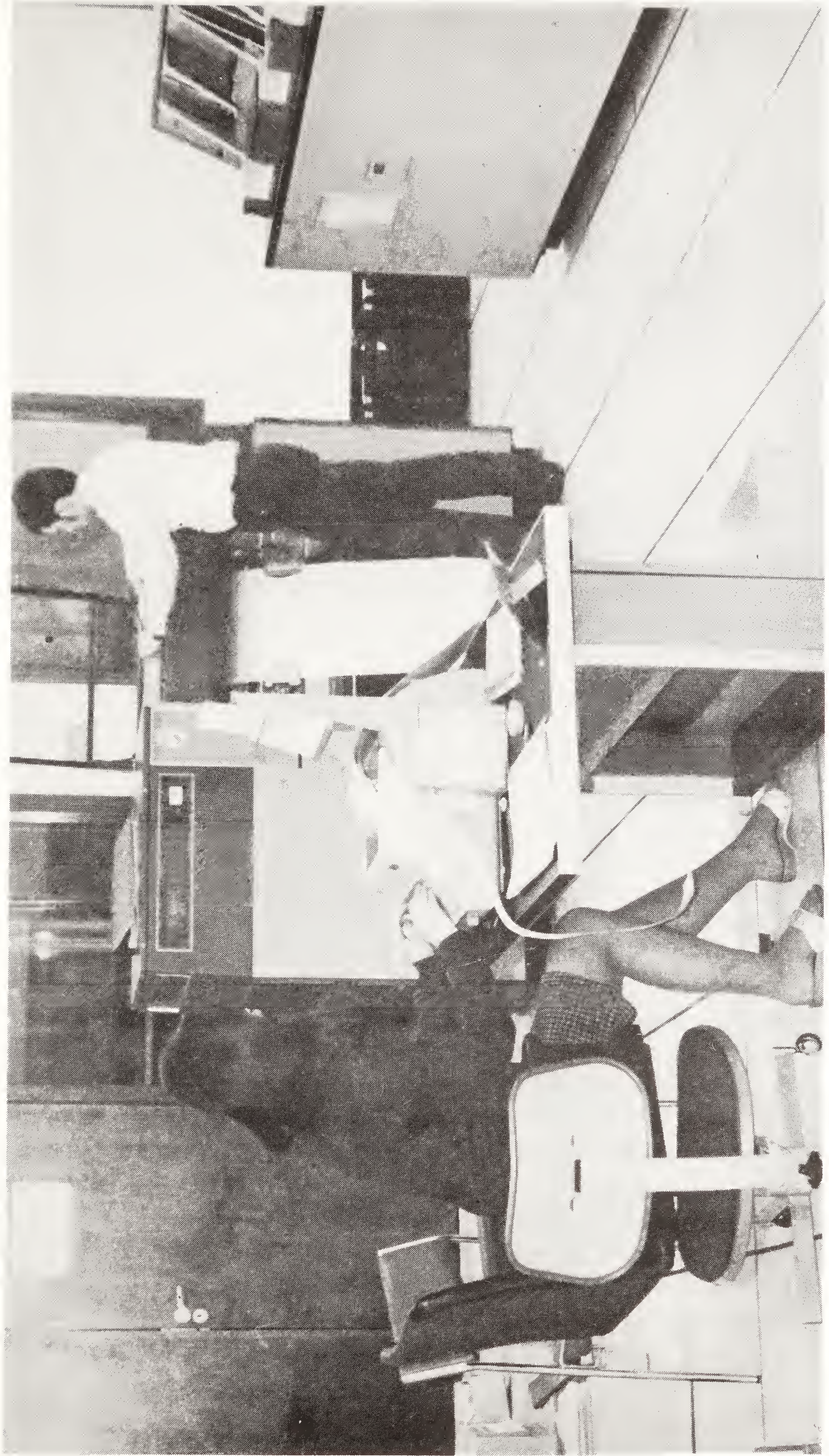
By the end of the year the scheme had run for nine months without any major defect occurring and the signs are that it has found considerable favour among the practices using it.

In the light of this experience arrangements are being made to extend the age range of children covered by the Computer system and taking on children up to the age of ten years.

### **B.C.G. Vaccination**

The age at which a school child can receive vaccination has been reduced to eleven years. The last series of vaccinations took place in November 1966 and the next is planned for early in the new year. There were, however, a number of sessions held for children who had missed the opportunity of vaccination the previous year. Some 1,004 children were offered tuberculin tests and parental consent was received in respect of 974 of them. The number of tests found positive was 173 (21%) and as a result vaccinations were given to 613 children.





*The Computer Room*



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**PART IV:      SOCIAL SERVICES**

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**Administration**

As in previous years, the Service has been administered centrally, with three teams of social workers and the Training Centres Organiser based at County Hall. This centralisation provides problems in making the service accessible to the public and leads to unnecessary travelling with loss of valuable professional time.

**Social Work**

Throughout the year there has been a consistent demand on the services of Mental Welfare Officers, particularly in so far as admissions to psychiatric hospitals are concerned. Owing to the shortage of staff, it has become increasingly difficult to meet all the demands. Although there have been more visits made to subnormal patients this year, this still represents only a fraction of what should be done. In addition, after-care and general social work with the mentally ill has also suffered. One result of this has been the withdrawal of Mental Welfare Officers from routine sessions at Carlton Hayes and Glenfrith Hospitals. The Medical Staff Advisory Committees, while understanding the reason for this, have expressed grave concern that the staff situation should give rise to this loss of co-ordination. Unfortunately, so long as the staff position remains as it is, the service will be unable to meet the needs of the Community, and will be forced to provide little more than an emergency service for the mentally disordered.

The social work staff consists of three Senior Mental Welfare Officers, six Mental Welfare Officers and one Mental Welfare Assistant. Of these, two Seniors hold the Letter of Recognition, and one Mental Welfare Officer is the holder of the Certificate in Social Work. One other Mental Welfare Officer is seconded on a two-year course for the Certificate in Social Work. The aim for the future is a full staff of qualified officers, which will entail the continuing secondment of staff on courses, as well as the implementation of a policy of appointing only qualified persons to fill vacancies. In addition, a considerable amount of in-service training will have to be given by senior officers to newly-appointed Assistants and to qualified but inexperienced Mental Welfare Officers.

Two interesting experiments have been started during the year. The first involves a small attempt at decentralisation. Two of the social work teams now have area offices which they man for one day a week in Melton Mowbray and Hinckley. The second project concerns the setting up of a Mental Health Clinic by a general practitioner. It is held once a month, and one of the social worker teams assists. Both of these experiments are proving worthwhile.

### **Training Centres**

There has been a continuing rise in the number of pupils and trainees attending Training Centres. At Melton Mowbray, the new purpose built Junior Centre opened in October to replace unsuitable rented premises. Future projects will include the replacement of Wigston, Coalville and Loughborough Junior Centres, and the building of a new Adult Training Centre at Mountsorrel. The three Adult Training Centres are rapidly becoming overcrowded.

The number of qualified staff in the Centres is slowly rising and during this year four members of staff have been on courses.

### **Hostels**

The Sileby Hall Hostel for adult subnormals has continued to meet a community need throughout the year, although the considerable staff difficulties involved have prevented the admission of more residents. However, apart from the permanent residents, a fair number of short-stay residents have also been accommodated, and this service is greatly appreciated by relatives.

### **Co-operation with Hospitals and Voluntary Organisations**

There continues to be close co-operation with the local hospitals and with the various local Societies for Mentally Handicapped Children. These Societies now run flourishing youth clubs for the subnormal at Hinckley, Wigston, Blaby and Loughborough. They have also provided a considerable number of amenities for the training centres and the hostel. The weekly social club at Melton Mowbray, which is run by one of the social worker teams, continues to thrive. The County Council is represented on the Executive Committee of the Leicester Association for Mental Health.

Statistics

The tables given below relate to certain aspects of the work of the Service. The Junior and Adult Training Centres show an increase in numbers as compared with 1966, with the exception of Loughborough Junior, where the total number is the same. The grand total shows an increase of 59 over the total on the registers for 1966.

The number of visits by Mental Welfare Officers to subnormal patients was 2,364, an increase of 180 over 1966, whereas the admissions to psychiatric hospitals show a drop in total of 2. However, it is significant that the total number of compulsory admissions increased by 20, whereas the number of informal admissions dropped by 22. The number of visits made by social workers to the mentally ill was 4,773, a drop of 56 compared with the previous year. This is to some extent explained by shortages of staff due to resignation and secondment on courses. Sileby Hall now has 28 residents as compared with 17 at the end of 1966.

*Number on Training Centre Registers at year end*

		Under 16	16 and over	Total
Coalville Junior	<i>m</i>	18	.	18
	<i>f</i>	15	1	16
Hinckley Junior	<i>m</i>	26	.	26
	<i>f</i>	11	.	11
Loughborough Junior	<i>m</i>	10	.	10
	<i>f</i>	16	.	16
Melton Mowbray Junior	<i>m</i>	15	.	15
	<i>f</i>	16	.	16
Wigston Junior	<i>m</i>	37	.	37
	<i>f</i>	25	.	25
Coalville Adult	<i>m</i>	.	39	39
	<i>f</i>	.	36	36
Desford Adult	<i>m</i>	.	85	85
	<i>f</i>	.	51	51
Garthorpe Adult	<i>m</i>	.	9	9
	<i>f</i>	.	11	11
Total		189	232	421



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*Admissions made by Mental Welfare Officers under the Mental Health Act, 1959.*

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	Males	Females	Total
Section 25	40	70	110
Section 26	15	17	32
Section 29	38	51	89
Informal	58	121	179
Total	151	259	410

**Administration**

During the year a new section was created to work within the department. The duties are with the welfare of the elderly and disabled under the National Assistance Act, 1948.

The staff, from other sections of the department, are under the day to day administration of the Principal Social Welfare Officer, and the project was established in order to co-ordinate and improve the existing services. There are many and varied problems arising in the welfare of the elderly and disabled, and it was envisaged that a more comprehensive service could be given, especially as there are common points of contact.

There is a need for urgent development of services both for the elderly and disabled and the comprehensive nature of the work must attract staff of quality.

**Physically Handicapped**

The number of persons who are disabled and registered with the Department has shown an increase over the year but with the present staffing difficulties the amount of help and advice that could be given was limited. The total number on the register at the end of the year was 695, as compared to 608 in 1966.

The Social Welfare staff are always ready to offer advice and help, and this applies whatever the disability, providing the disability is permanent and substantial, and at any age. The chief aim is to encourage the disabled to enter into as many activities of daily living as possible. To this end, the provision of aids to daily living is interestingly varied and can for example help the young mother confined to a wheelchair by providing a pick-up stick, or the elderly man who needs a walking aid to help him about the home and garden.

Thanks must be paid to the British Red Cross Society for their continued help in acting as agents for the supply of special equipment and aids to daily living, and to the Leicestershire Association for the Disabled.

Structural adaptations in the home are provided where there is a need and the provision can be in the fixing of a simple hand rail, or in the building of a bedroom and bathroom with special fittings on the ground floor to help a severely disabled person and his family

As in past years, Car Badges for the disabled driver were issued and this provision continues to assist in street parking in a situation that is particularly difficult for such drivers. A small number of disabled persons in full time employment have been assisted, as in previous years, by the provision of a Transport Pass.

**Occupational Therapy**

The Occupational Therapy staff provide home visiting in order that those who are disabled and unable to work may be offered diversionary activity.

Another Day Centre was opened during the year at Barwell to serve the Hinckley district. As at the Coalville and Loughborough Centres, this Centre consists in the main in providing industrial outwork. The total number attending the three Centres at the 31.12.67 was 39. Transport arrangements to all the Centres is a difficult problem with no immediate solution.

As a result of the interest taken in the Day Centre at John Storer House, Loughborough, voluntary groups have felt the need to improve the facilities offered to both the disabled and elderly. Plans are going ahead for an extension at John Storer House in order that the Day Centre facilities may be available for five days each week, and it is hoped a specially adapted vehicle will be purchased and made available in order that the infirm and disabled may be transported to the Centre.

Thanks must be paid to the Management Committees of these Centres for their continued help and interest. There have been a number of occasions when the staff held a sale of work done by the Disabled and these events have proved most successful.

**The Blind**

The Royal Leicester, Leicestershire and Rutland (Incorporated) Institution for the Blind act as agents for the County Council in this field. The following text is extracted from a report by Mr. C. Brown, General Secretary of the Institution.

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<i>Number on register at year end</i>		
	Blind	Partially sighted
Leicester	725	228
Leicestershire	878	211
Rutland	54	20
Total	1,657	459

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A full programme of visits, classes, socials and outings has been carried through by the Welfare Officer and her staff for the benefit of the blind and partially sighted people in the care of the Institution. The Management Committee has continued its policy of ensuring that staff are fully trained and qualified and, to this end, has released members of the Welfare Staff to undertake courses of instruction at various centres of Further Education.

On 5th October, 1967, the Kathleen Rutland Home for the Blind, the Institution's new purpose-built Home to accommodate 40 elderly blind people, was officially opened by Her Royal Highness the Duchess of Kent.

In her speech, Her Royal Highness referred in generous terms to the progressive policy of the Institution and paid tribute to all who had been responsible for the concept, planning and building of the Home and to those who, by their devotion to the cause of the blind, have given unstintingly of their time and money to make the project possible.

Many formal visits have been made to the Home since its opening, including those by the Lord Mayor and Lady Mayoress, the Chairman and members of the Blaby Rural District Council and the Kirby Muxloe Parish Council. A great deal of interest in the Home has been shown by other agencies for the blind who are planning similar projects and visitors from Australia, Denmark, India and Turkey, have also been welcomed.

The twenty-two residents from Lyndwood were transferred to the Home on 16th June, 1967, and, after the official opening, it was quickly filled to its capacity. It is the Institution's policy to retain one bed for 'short stay' cases to enable families caring for an elderly blind relative to take a respite from this particular responsibility.

The Assisted Holiday Scheme, under which 297 blind people and their guides enjoyed a seaside or country holiday in 1967, has been extended by the purchase of a holiday chalet at Skegness which will be available for the 1968 season.

Embossed literature, wireless sets and talking book machines have continued to be distributed and maintained.

The introduction of 'Radio Leicester' in November 1967 stimulated a demand for radio sets capable of receiving the V.H.F. wave-length and some temporary difficulties were experienced in meeting this demand. Happily, this situation has now been overcome and all blind people who wish to receive the local programmes have been issued with a set capable of enabling them to do so.

In addition to help given to local blind people, a sum of £2,056 has been forwarded to the Royal National Institute for the Blind to help to provide the National Services provided by the Institute from which many blind people in Leicester, Leicestershire and Rutland benefit.



It is pleasing to be able to record that output from the Workshops, despite a lower labour force and no significant increase in prices due to stringent controls exercised by the Government, rose from £47,373 in 1966/67 to £51,091 in 1967/68. It was particularly satisfying insofar as it concerns the Cardboard Box Department and was largely due to the employment of a Sales Agent who was successful in obtaining orders not hitherto received from the Hosiery Trade.

During 1967 the work of the Social and Rehabilitation Centre, the first of its type in the Country, continued to expand and the number of blind people taking advantage of the facilities it offered continued to grow to the point when some 120 individuals were regularly taking part each week in the varied programme of activities.

The Chiropody and hairdressing services have been greatly appreciated. An innovation has been the commencement of a mobility course, based on the long cane technique. Special thanks are due to Mr. Robert Broughton for his research and work on the long cane method which created a good deal of interest in it prior to the arrival of a professional instructor who has enabled further progress to be made.

When it was decided that Leicester should be provided with a local radio station, the B.B.C. kindly offered to the Institution fifty minutes of broadcasting time each week for a special programme for blind listeners. This was seen by the Committee as an opportunity to offer to a wider audience much of the material which had hitherto been available only to those able to attend Prebend House. This, together with items of news of special interest to the blind, has formed the basis of the programme entitled 'Sound Guide', which has been well received by its listeners. Special thanks are due to Messrs. Broughton, Meadows and Stirling for the great deal of work they have done to prepare and present the Club programmes, and to Mrs. Wendy Blair, the Producer, for her expert help and guidance.

In order that the blind should continue to benefit from the sale of Christmas Cards and Calendars under the new legislation, a company known as the Leicester Blind Publications Ltd., has been formed to carry on the business hitherto undertaken by the Institution. This company has covenanted to pay the whole of its profits to the Institution, which, in turn, will be able to reclaim the tax paid by the company so that the blind will continue to benefit from the full amount of the profit of sales.

## **The Deaf**

Mr. J. D. Washington, Superintendent/Missioner to the Leicester and County Mission for the Deaf reports as follows:—

The Leicester and County Mission for the Deaf and the Loughborough and District Missjon continue to act as agents for the County Council, receiving an annual grant. At the end of 1967 there were 167 county cases on the registers of these two societies.

During the year, ten elderly deaf persons enjoyed a week's holiday at Skegness, and various outings and social functions were organised regularly.

Fares were paid to enable old people who receive Supplementary Pensions to attend group activities at the Institutes. Regular visitation of the deaf in their homes and in hospitals, especially to the elderly and housebound deaf, were carried out during the year.

The services for the deaf encountered some difficulty in 1967 because of staffing problems at both Missions. Arising from this the Management Committees carried out a review of the service that they provide for the deaf in the area and in December, following the appointment of a new Superintendent/Missioner, it was agreed that the Missions should make every effort to extend their services to the deaf and hard of hearing community throughout the area. Two specific items of policy were agreed. Firstly an increase of staff to ensure not only regular visitation but an increased opportunity for individual social care and the greater development of community life. This would be accomplished by increasing the number of staff from the present two to five. The second point was the improvement of the facilities available at both the Leicester Institute and the Loughborough Institute. At Loughborough Institute renovations and alterations were envisaged which would provide for improved kitchen facilities and a new Television Lounge, while at Leicester the building of a new recreation wing would not only increase the space for recreational activities but would make the building much more flexible and so enable it to be open seven nights a week for activities of one kind or another.

Greater co-operation is being sought with the Health and Welfare Departments of the local authorities, hospitals and other statutory bodies to ensure that every deaf and hard of hearing person is aware that a service exists for them and also that the needs of this handicapped group are known to the community at large and other voluntary organisations who are very often uncertain as to how best to help people overcome this particular difficulty. A specific example of this is the need for both the deaf and organisations serving the community to be aware that the Mission provides a 24 hour emergency service for hospitals, police, etc. wherever manual interpretation is required.



## **The Elderly**

There is a continual need to be on the alert for the lonely and infirm who are in need of Welfare Services and there are those elderly who reach a point where to give up their own home and go into residential accommodation seems to be the only solution. The Social Welfare Officer needs to ensure that there is no other course open prior to this step being taken. There are a considerable number of enquiries received from people wishing to make application for admission into a County Home and a major problem is in providing such accommodation within the community in which the elderly person normally lives. The elderly should have some choice in the matter but with the ever present waiting list for vacancies there are inevitable short-comings.

## **County Homes**

The new Home in Loughborough, Thorpe House, which was completed at the end of 1966, admitted the first residents early in 1967, whilst the new home at Barwell, Harvey House, took 24 residents before the end of the year and the remaining 27 were admitted soon afterwards.

By the end of the year, a 51 bedded home, Kirby House, at Leicester Forest East, had been almost completed, and building of a new Home at South Wigston, also for 51 residents, was making satisfactory progress with completion expected in the Autumn of 1968. This Home, Holmes House, will be a lasting tribute to Alderman J. H. Holmes, J.P., of Wigston, who for 37 years since 1931 has devoted a considerable amount of his time to the welfare of old people.

Plans were also well advanced to replace in 1968 the former Public Assistance Institutions of Woodmarket House, Lutterworth, and Enderby House, Narborough, with modern purpose built 53 bedded homes, and it is intended in the not too distant future to replace West Haven, Market Bosworth, and St. Lukes at Market Harborough.

This was a year of some concern because in spite of the appointment of a Consultant Geriatrician by the Regional Hospital Board the promise of quicker transfers of residents to hospital beds was slow to materialize. As a result, many of the chronic sick had to be cared for in the Residential Homes where the nursing facilities were extremely limited and the pressure on unqualified attendants very great.

The physical standard of new admissions to residential accommodation was very much lower than ever before and since chronic sick accommodation was not available many were admitted to Part III Accommodation as the only possible alternative. This imbalance between the two provisions continued to exist though hopes of some improvement were stimulated by the knowledge that additional Geriatricians would be appointed by the Regional Hospital Board.



Not only do such circumstances place burdens on limited staff and unsuitable accommodation, it leads to unhappiness in the Homes as other residents have to share their accommodation and continue sleeping with people who are perhaps terminally ill and often in a distressing condition. There seems little doubt that in future, residents to County Homes will be physically frailer than heretofore because the improved domiciliary services have kept them in the community longer.

Staff recruitment has proved to be as big a problem as ever and the Council has decided that in an endeavour to attract senior staff it must build houses in the grounds for Matrons and provide family accommodation in the homes for Assistant Matrons. This policy has proved to be successful and all homes will provide this accommodation within the next year.

The provision of accommodation for short holiday periods continued and has proved so useful that it must be extended as soon as circumstances permit. Normally, residents are taken for a fortnightly period whilst their relatives have a holiday, or a respite from caring for them, and it is found that this demand exists almost throughout the year. During the winter months it has been possible to take some residents for longer periods.

Details are given on page 72 of accommodation provided for the elderly. In addition, St. Lukes, Market Harborough has temporary accommodation for fifty persons.

At the end of the year, 750 beds were occupied; 265 men and 480 women in permanent accommodation and five temporary residents.

<i>Accommodation available at County Homes</i>			
	Men	Women	Total
Hastings House, Loughborough	62	58	120
Woodmarket House, Lutterworth	28	43	71
West Haven, Market Bosworth	26	29	55
St. Lukes, Market Harborough	24	23	47
Enderby House, Narborough	29	26	55
Knighton House, Leicester: Martin Home	.	25	25
Gloucester Home	Men & Women 40		40
Catherine Dalley House, Melton Mowbray	47		47
Loudoun House, Ashby-de-la-Zouch	47		47
Tillson House, Coalville	48		48
Moat House, Burbage	47		47
Lenthall House, Market Harborough	51		51
Hadrian House, Thurmaston	51		51
Thorpe House, Loughborough	49		49
Harvey House, Barwell	51		51
Total	169	204	
	431		804

<i>County Cases Accommodated in other Premises</i>			
	Men	Women	Total
Other local authority homes	7	5	12
Epileptic Colonies	3	3	6
Homes for the Blind	12	25	37
Homes for the Deaf and Dumb	1	2	3
Voluntary Old People's Homes	5	22	27
Homes for the Disabled, etc.	9	4	13
Total	37	61	98

**Housing Societies**

There are only two Housing Societies receiving a Grant from the County Council, two units of Abbey Field in Loughborough, and these are playing a useful part in keeping the elderly in the community.

**Old Peoples Welfare Association**

There are upwards of 160 Old Peoples' Welfare Clubs (Darby and Joan Clubs, Evergreen Clubs), etc. and 34 Old Peoples' Welfare Associations throughout the County whose aims not only include social gatherings but also embrace visiting systems so that cases of neglect are obviated or minimized.

**Meals on Wheels and Luncheon Clubs**

Financial help is provided jointly by the District Councils and the County Council for this service and it is administered by the Women's Royal Voluntary Service to which organization and members, sincere thanks and appreciation are readily paid. Tribute and thanks too are due to the many firms and organizations who permit the supply of meals from their kitchens and canteens.

This is a service which is only touching a fringe of the problem of ensuring that the elderly obtain a reasonable diet, and a vast extension is needed to overcome malnutrition amongst the elderly who live alone. The criteria for entitlement must be widened and a new look taken at the means of supply and distribution which of course presents problems in rural areas.

Five new schemes at Great Glen, Billesdon, Oadby, Thurnby and Hoby were introduced during the year. The number of meals distributed during the year was 75,189, an increase of 12,000 over the previous year.

**Registration of Nursing Homes**

*Nursing Homes Registered in the County*

	No. of Beds
Burton Hall, Burton-on-the-Wolds	18
The Old Vicarage Nursing Home, Rothley	16
Cheshire Foundation Home, Staunton Harold Hall	42
'Berrystead', 1001 Melton Road, Syston	25
Saddington Grange, Saddington	25
The Willows, Coventry Road, Market Harborough	21
Total	147



Registration of Old People’s Homes

Homes Registered in the County

	No. of Beds
Hallaton Manor Rest Home, Hallaton	30
Brocks Hill Eventide Home, Oadby	13
‘Aigburth’, Manor Road, Oadby	30
‘Sandringham’, Coventry Road, Market Harborough	6
Coventry House Rest Home, Burton Street, Melton Mowbray	10
Devonshire Court, Howden Road, Oadby	80
Whetstone Pastures, Blaby	28
‘Woodbank’, Bushby	7
Total	204

Homeless Families

Fortunately Leicestershire has comparatively few homeless families to accommodate as most District Councils, as well as the County Childrens Committee, make the strongest efforts to prevent the breakup of a home and family. In this respect the County Council rent guarantee scheme also plays a part. Inevitably, some families are rendered homeless usually because of the inadequacy of one or other of the parents, and it is then necessary for them to be accommodated by the County Council. In the first instance, accommodation is at St. Lukes, Market Harborough, and is separated into two parts, a short stay unit in the former casual block and temporary accommodation in the former nurses home. In neither case is a husband allowed to stay with a family beyond a maximum of seven days but even this has to be discouraged because facilities for privacy in the present building are extremely limited. Families can stay in the short stay unit for seven days only, but if one of the Social Services (usually the Childrens Department) is hopeful of rehabilitating them, they are transferred to better accommodation known as temporary accommodation. In the short stay unit they are provided with meals and are assessed to pay in accordance with the National Assistance Act Regulations, but in the temporary accommodation they feed themselves and pay a basic rent of £3. 0. 0. per week for lodging. The stay in this accommodation is nominally for a period not exceeding three months.

This total provision is far from satisfactory for many reasons. It is in an area of the County where housing accommodation and employment is limited and families are almost always a long way away from their normal area of residence. A location nearer to the City of Leicester would be more appropriate. In addition, the layout of the buildings is unsuitable and prevents adequate supervision by the staff of the home and hospital. In order to improve the situation the Committee has agreed to engage a second Assistant Matron to help spread the responsibility but no response to repeated advertisement of the post has been received.

These families require constant supervision and guidance and the need can only be met by securing a permanent Warden.

The number of families admitted each year is around 25 to 30, and about half of these present formidable problems.

### **Group Housing of the Aged**

The need has been recognized for every assistance to be given to elderly people to continue to live in their homes as long as possible and more Local Authority Schemes came to fruition this year and many others are planned for the future. There is no question whatever that this provision of specially planned housing is fulfilling a most useful function in keeping elderly citizens in the community for a longer time. Such provision requires support from Social Workers, Home Helps, Meals on Wheels, and Public Health Nurses. Unfortunately all are in short supply, and it must be hoped in the interim that facilities for training Wardens will increase and that Local Authorities will ensure that this is supported. There is still a great need for preventive services and these are not yet available in sufficient quantity or quality.

<i>Group Housing Units at Year end</i>			
	Occupied	Approved but not yet occupied	Proposed or under construction
<i>Urban District Schemes</i>			
Ashby-de-la-Zouch	25	.	.
Ashby Woulds	.	12	.
Coalville	10	.	.
Hinckley	10	.	.
Loughborough	55	.	.
Market Harborough (Bowden Lane)	21	.	.
Market Harborough (Clover Close)	38	28	.
Melton Mowbray	32	.	.
Oadby	31	.	.
Shepshed	29	.	.
Wigston	.	.	.
<i>Rural District Schemes</i>			
Heather	20	.	.
Measham	15	.	.
Oakthorpe	.	19	.
Thurmaston	.	16	.
Sileby	.	.	20
Houghton-on-the-Hill	8	.	.
Great Glen	20	.	.
Enderby (Queens Drive)	22	.	.
Glenfield	16	.	.
Glen Parva	10	.	.
Kirby Muxloe (The Keep)	24	.	.
Kirby Muxloe (Lime Grove)	18	.	.
Narborough	10	.	.
Whetstone (The Crestway)	17	.	.
Blaby	8	.	.
Littlethorpe	25	.	.
Stoney Stanton	22	.	.
Enderby (Sloane Close)	29	.	.
Braunstone	28	18	.
Cosby (Main Street)	.	.	29
Whetstone (College Road)	.	.	24
Castle Donington (The Biggin)	16	.	.
Breedon-on-the-Hill	.	.	16
Lutterworth	16	.	.
Ilstock	19	.	.
Asfordby	18	.	.
Bottesford	34	.	.





*The Mount Junior Training Centre, Melton Mowbray.*



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## PART V: ENVIRONMENTAL HEALTH

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*This section of the Report has been compiled by Mr. S. A. Gregory, the County Health Inspector, and his staff, whose assistance is acknowledged.*

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**SANITARY CIRCUMSTANCES OF THE AREA**

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**Water Supply**

I am grateful to Mr. F. Isherwood, A.M.I.C.E., M.I.Mun.E., the Engineer and Surveyor to the Wigston U.D.C., who kindly supplied the rainfall figures (apart from December, when the gauge was away for repair) given in the table below. The figures were recorded at the Wigston Sewage Treatment works, Countesthorpe.

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*Rainfall for the year, in inches*

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	Total Depth	Greatest fall in 24 hours
January	1.11	.22
February	2.37	.85
March	1.34	.48
April	1.85	.47
May	4.50	.88
June	1.98	1.42
July	1.14	.33
August	1.48	.25
September	1.87	.29
October	4.28	.88
November	1.35	.57
December	2.97	.39
Total	26.24	.

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*Rainfall in recent years*

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	Inches
1957	27.55
1965	29.88
1966	30.04
1967	26.24
Average for last ten years	25.40



No shortages of water were reported during the year apart from minor breaks in supply caused by mains being fractured in mining areas affected by subsidence. Complaints of discolouration of mains water were received in several districts and referred to the water undertakers. The water usually cleared fairly quickly following the flushing of lengths of old main.

With the completion of the Copt Oak and Ulverscroft area water mains scheme, apart from the more isolated groups of houses and farms, the whole of the County is now supplied with mains water. Leicester Corporation and the North West Leicester Water Board are the Statutory Water Undertakers and both continue to carry out minor schemes of mains extensions. The majority of these small schemes are comparatively expensive on a cost per property basis, but this is now to be expected since the isolated farms and houses previously referred to, are being dealt with.

The increasing demand for water both for domestic and industrial use is being studied by the water undertakers and the River Dove Water Board. Plans are being evolved for increased extraction from the River Dove and for additional bulk storage capacity in a new reservoir.

### **Fluoridation**

The County Council had previously approved the policy of fluoridation of mains water and provision was made in the estimates to cover the cost. However Leicester Corporation's plans to install the necessary plant for the addition of fluoride have been postponed temporarily, due to the economic conditions prevailing. The North West Leicester Water Board do not plan to fluoridate mains water in their area for the time being.

### **Rural Water Supplies and Sewage Acts, 1944–65**

Twelve water main extension schemes, estimated to cost £19,045, were submitted by the Statutory Water Undertakers during the year, and approved in principle by the County Council. Grants amounting to £4,480 for nine small extensions were approved.

District Councils submitted seven sewerage and sewage disposal schemes, at a total estimated cost of £588,300, for observations. The schemes were approved in principle. Following the notification of Ministry of Housing and Local Government Grants in respect of six schemes, grants totalling £61,771 were approved by the County Council.

### **Complaints**

Twenty-five personal or written complaints were received during the year, most of which fell within the direct jurisdiction of the District Councils. Seven related to housing, three to water supplies, and fifteen to general sanitary matters. Assistance was sought from the officers of the District Councils concerned.

## **Caravan Sites and Control of Development Act, 1960.**

Very little trouble was experienced during the year on the licenced sites of which there are 92 for individual vans and 25 for a larger number of vans, within the county districts. The owners of land on which vans were allowed to park without licenses, were fined £40 in one instance and £5 with 7gns. costs in another.

## **Gipsies and Itinerants**

A number of families who have lived around the county for some time, continued to move about, parking on grass verges and lay-bys. They are kept on the move by the police and generally cause little trouble apart from leaving litter and unwanted scrap metal that they collect, on sites. One instance when about twenty vans suddenly descended on a bridle road adjacent to the M1, caused concern in the neighbourhood. These were Irish families, strangers to the county and when they were finally moved on, they left lorry loads of rubbish, maliciously filled up surface water gullies and damaged newly planted trees.

Several meetings were held during the year between representatives of the districts and County Council, to discuss the setting up of one or two sites for itinerants, in an attempt to offer them a more settled way of life and an opportunity to give their children proper education. Possible sites were suggested but no progress can be reported, mainly because no district will admit to there being a constant problem in their particular area and local opposition which flares up as soon as a site is mentioned.

The problem is further aggravated by the fencing off of sites formerly available in the City of Leicester. Unfortunately, although this has solved the problem in the City, the itinerants have been forced into the surrounding County districts.

The establishment of proper sites for gipsies and itinerants which are within reasonable reach of shops, schools and other amenities, is government policy. At least two sites for from twelve to fifteen vans each, will be necessary in the county.

## **Public Cleansing**

Suitable areas of ground for filling and levelling with domestic refuse are becoming increasingly scarce and as the volume of refuse expands with the increase in packaging many local authorities are concerned with the shortage of tipping space at their disposal. The alternatives to 'controlled tipping' are more costly and this is another field where costs are bound to rise very shortly. The paper sack system, in place of the traditional dustbin, has been proved to be workable and more pleasant for the refuse collectors, but many pilot schemes have been stopped during the present period of financial stringency.



Trade refuse and toxic industrial wastes are another problem which will have to be faced. Many authorities will only accept trade wastes of a domestic nature and bulk storage with disposal by contractors is being developed for the convenience of factories of all types. Better control is necessary over the private tips that contractors are establishing and in some cases indiscriminate tipping of refuse directly into water has been discovered. This can result in serious nuisance from the emission of hydrogen sulphide which is difficult to control. Stringent planning conditions are necessary to control private tipping so that the district councils are able to prevent nuisances arising.

Incineration is being adopted by some district councils, with pulverisation and composting of refuse as alternatives, according to local circumstances. The new incinerator at Castle Donington became operational in December and one for Barrow upon Soar R.D. at Sileby was under construction. Other developments in this field include:

Ashby U.D. and R.D. councils are co-operating to purchase land for a joint tip.

Oadby and Wigston U.D.'s. and Blaby R.D. councils are formulating plans for an incinerator to serve the three authorities. If established this incinerator could also take refuse from the nearer parishes of other district councils.

Billesdon and Market Harborough R.D. councils are taking part in a Joint Study Board with Leicester C.B. on refuse disposal.

### **Public Swimming Baths**

The district public health inspectors made 216 inspections of the 8 public baths in the county. Chlorination and filtration plant has been improved at some of the older baths but even so of the 226 samples taken for bacteriological examination, 60 were not up to a satisfactory standard.

### **School Swimming Pools**

The pool at Birstall on the Stonehill School site was covered during the year and the next stage, when funds are available, is to build changing rooms adjacent to the pool.

At Lutterworth the condensation in the entrance and changing room areas was corrected by increasing the heating and insulating the ceilings, together with the installation of extract ventilation in the main pool hall. The pool is used to capacity during term times, with the Schools having sole use during school hours and public sessions at weekends and evenings. A member of the caretaking staff works full time looking after the filtration and chlorination equipment and on general pool cleaning. Part-time staff are engaged by the district council for evening and weekend supervision.

Two prefabricated pools were constructed at Thurcaston and Breedon-on-the-Hill Primary Schools. Both have adequate filtration and chlorination plant. A floating cover at Thurcaston proved of value in reducing heat loss.



The County Health Inspectors continued to pay regular visits of inspection to all the school pools and tested the water for free chlorine residual and to check the pH. The use of orthotolidene for testing chlorine residual was discontinued following the report that it could have carcinogenic properties and D.P.D. tablets were substituted. Tintometer testing outfits were substituted for a variety of kits at all schools and those responsible for supervision were instructed in the use of the outfits. In open-air pools variable bathing loads and water temperatures during the changeable summer weather, make constant checking absolutely necessary to maintain adequate free chlorine residuals. This is now recognised by those in charge of school pools and excellent liaison has been established between the head teachers and this department.

#### **Animals Boarding Establishment Act, 1963.**

The majority of the 53 licensed establishments are in the rural areas and most of them are reasonably isolated. This reduces the risk of noise complaints from barking dogs and little trouble was experienced during the year. The extensions and improvements which are carried out at these premises, points to the increasing use which is being made of the boarding facilities for dogs in particular and also to the profitability aspect. In all, 105 visits were paid by the district inspectors.

#### **Pet Animals Act, 1951.**

Twenty two premises were licensed and 51 inspections made during the year, with no difficulties encountered.

#### **Rag Flock and other Filling Materials Order, 1951.**

No contraventions of the Order were found at the 9 premises registered for upholstery and 5 licensed for the storage of rag flock. No samples were submitted for analysis.

#### **Clean Air Act, 1960.**

Large scale new development is being considered for possible Smoke Control Orders by several districts and with the increasing popularity of central heating in all types of houses, this could appear to be a logical step to take towards clearing the atmosphere of pollution from domestic open fires.

Smoke Control Order No.4 Glen Parva, involving 37 houses and covering 305 acres was made by Blaby R.D.C. in July. There are now 2,176 houses on 666 acres of land in the Blaby R.D. covered by the orders in force.

Dust control at several quarries is still a problem which is being watched carefully. Even when equipment for dust extraction, which is 99% efficient is installed, householders living down-wind of the crushing and drying plant, still complain on occasions of excessive dust.

**Noise Abatement Act, 1960.**

Background noise in general with the progress of Automation in all spheres of our daily living, appears to be steadily increasing. What with 'music while you work', open plan offices, transistors in the street, noisy next-door radios and the roar of traffic, some people cannot get peace and quiet at home. The popularity of fishing and sailing points to the desire to relax away from it all. Statutory action is difficult in most cases of complaint of a noise nuisance, since when noise is measured scientifically, the level is often quite low. Even so, a persistent low-level noise can become a real source of annoyance and the district inspectorate dealt with numerous complaints on an informal basis.

**Office, Shops and Railway Premises Act, 1963.**

This table summarises the annual returns of the Public Health Inspectors for the County Districts. All the accidents reported were investigated and found to be not serious. No prosecutions were necessary. The contraventions found were mainly of a minor nature, such as the absence of thermometers or first aid materials.

The Administration of the Office, Shops and Railway Premises Act, 1963, during the year

	Number Registered					Number of Inspections					Accidents Reported					Contraventions		
	Offices	Retail Shops	Wholesale Shops	Catering Estabs.	Fuel Storage Depots	Offices	Retail Shops	Wholesale Shops	Catering Estabs.	Fuel Storage Depots	Offices	Retail Shops	Wholesale Shops	Catering Estabs.	Fuel Storage Depots	Found	Remedied	
Urban Districts:	Ashby-de-la-Zouch	25	42	1	5	.	3	22	.	.	.	.	.	.	.	13	.	
	Ashby Wolds	1	8	.	.	3	22	.	.	.	.	.	.	.	.	13	.	
	Coalville	42	172	9	24	3	5	2	2	.	.	.	.	.	.	46	.	
	Hinckley	82	254	10	7	21	127	4	5	1	.	.	.	.	.	449	.	
	Loughborough M.B.	123	231	18	29	26	47	20	18	3	.	2	3	.	.	24	27	
	Market Harborough	49	125	4	22	6	9	.	1	.	.	2	.	.	.	19	27	
	Melton Mowbray	46	119	6	22	21	41	3	18	.	.	1	.	.	.	61	44	
	Oadby	25	99	20	7	25	98	20	7	1	.	1	1	.	.	34	33	
	Shepshed	11	27	2	1	14	43	.	3	.	.	.	.	.	.	.	.	
	Wigston	33	160	11	15	7	96	.	1	.	.	4	1	.	.	59	54	
	131	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Rural Districts:	Ashby-de-la-Zouch	1	3	1	.	20	63	1	8	3	2	.	.	.	.	18	25	
	Barrow-upon-Soar	47	244	18	38	98	315	59	78	12	.	.	2	2	.	44	45	
	Billesdon	5	10	.	9	3	6	.	8	1	.	.	.	.	.	26	17	
	Blaby	15	156	5	23	35	178	4	37	1	.	.	.	.	.	94	108	
	Castle Donington	37	23	1	11	20	23	1	11	.	.	1	.	.	.	4	4	
	Lutterworth	10	32	.	14	4	16	.	6	.	.	.	.	.	.	.	.	
	Market Bosworth	25	76	2	19	9	40	1	11	1	.	.	.	.	.	28	96	
	Market Harborough	4	27	.	15	6	53	.	30	5	.	.	.	.	.	16	16	
	Melton and Belvoir	12	27	2	11	10	27	2	11	2	.	.	.	.	.	9	9	
	9	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
	97	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
31.12.67.	Outstanding	31.12.67.	Outstanding	31.12.67.	Outstanding	31.12.67.	Outstanding	31.12.67.	Outstanding	31.12.67.	Outstanding	31.12.67.	Outstanding	31.12.67.	Outstanding	31.12.67.	Outstanding	
Totals	593	1,835	110	272	26	331	1,262	117	253	30	2	17	10	3	.	944	450	891



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## INSPECTION AND SUPERVISION OF FOOD

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### Biological Milk Sampling

Samples of milk are taken quarterly, at milking time to ensure that the milk from all cows is included in the samples, from all producer/retailer herds. Some 166 samples were taken and showed no evidence of infection with *Myco. tuberculosis* on biological examination at the Public Health Laboratory. The samples were also examined for the presence of antibiotics and proved to be negative. I should like to thank Dr. N. S. Mair and his staff for their co-operation and willingness to accept numbers of samples at short notice.

All samples are screened at the Laboratory using the ABR Test and any giving positive results are followed up immediately with repeat sampling at the farm, usually by taking individual cow samples. Two hundred and ninety nine individual cow samples were taken and 16 cows indentified as giving milk infected with *Brucella abortus*. All cows were excluded from the milking herds and voluntarily sent for slaughter.

One case of Brucellosis in a farmer was notified and the herd checked by taking individual samples. No positive results were found in the cows either by ABR, direct culture or guinea pig inoculation. It was assumed that the farmer had picked up the infection by direct contact with animals at some time.

A second case of Brucellosis was followed up when it was found that the family had Untreated 'Farm Bottled' milk. The male patient was fond of raw milk and travelled around quite a lot. Again the herd supplying the milk was checked with negative results. There was no history of abortion and the cows had all been inoculated as calves, with S19.

A report of a positive direct culture result in a sample of Farm Bottled Channel Island Milk from an adjoining county, was thoroughly investigated. This herd had proved to be negative on routine sampling here for some years, and individual samples were negative to all tests. Ten cows in the herd were however suffering from mastitis.

A sample of Farm Bottled Milk was taken from a dealer's depot. It proved to be positive *Brucella abortus* and the farmers' herd involved was sampled. Three cows were found to be giving infected milk. They were removed from the herd immediately and a temporary supply to make up the required quantity of milk was arranged from a neighbouring farmer, after this herd had been found to be clear. No formal action directing infected milk to be sent for pasteurisation was necessary.

**Clinical Examination of Cattle**

The Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food is always ready to advise on any matters affecting dairy herds and his liaison is appreciated. The following is a summary of reported figures taken from quarterly reports to the council.

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<i>Clinical examination of Dairy Cattle</i>		
	Number of herd inspections	1,364
	Number of cattle examined	71,218

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<i>Attested Herds Scheme</i>		
	Number of animals tested	112,103
	Number of Reactors	110

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**Milk (Special Designation) Regulations, 1963 (as amended)**

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<i>The total number of licenses in force on 31st December 1967.</i>		
	Dealers' (Pasteurisers) Licenses	5
	Dealers' (Prepacked Milk) Licenses	337
	Dealers' (Untreated Milk) Licenses	12

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**Milk Pasteurising Plants**

The pasteurising of milk within the County has been carried out at five dairies, all of which have H.T.S.T. processing plant.

Two hundred and twenty four inspections of the licensed premises were carried out by the County Health Inspectors, who took 456 samples of milk. One phosphatase test failure was reported, and upon examination no cause could be found.

In addition to the samples taken at the dairies, 55 samples of pre-packed milk were taken from dealers, either on the rounds or from shops.

Some 528 samples of washed bottles were taken for sterility tests of which 55 were reported as unsatisfactory. One hundred and one samples of washed churns were also taken of which 28 fell below the Public Health Laboratory standard. In all cases follow up samples were taken and the co-operation of the dairies sought to improve the standards.

**Milk to Schools and County Council Establishments**

School milk supplies, and the supplies of milk to county homes, childrens homes, residential and private schools are approved by the County Health Inspector.

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*The designation of milk supplied to various types of school*

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School	Untreated	Pasteurised	Totals
Grammar	.	14	14
Modern	.	2	2
Primary	7	284	291
High	.	28	28
Residential	.	3	3
Private	1	18	19
Totals	8	349	357

---

Five hundred and twenty eight samples of milk were submitted to the Public Health Laboratory for testing. A sample taken from a churn at one school kitchen failed the phosphatase test for pasteurised milk; investigation showed that the churn had been delivered in error, since the milk in question had not been processed.

#### **Food Hygiene Regulations, 1955.**

The establishment of the large Supermarkets has encouraged many smaller concerns to join in group buying, accompanied by modernisation of their shops on 'minimarket' lines. This is a commendable trend provided that proper stock rotation is practiced, particularly in frozen food cabinets and with meat pies and such like commodities. There is a tendency for many smaller shopkeepers to overlook the frozen food cabinets and for the constant sorting of packs to suit the customers demands, to result in temperature variations when the loading line is forgotten. Refrigerated display cabinets too can present problems with perishable items such as cream and yoghurt if stock rotation is not watched. All the shop assistants must know the significance of a particular manufacturers' or distributors' coding system.

The Public Health Inspectors of the County Districts carried out 6,756 inspections of premises under the Regulations. Five hundred and twenty-eight informal notices were served, mainly in respect of minor contraventions and 379 were complied with during the year.



## **Ice-Cream**

The manufacture of ice-cream is mostly carried out by the well-known large firms, and sales are less seasonable than was the case only a few years ago. The standard of hygiene and quality control in the large ice-cream factories is excellent, and this is proved by the result of samples taken at retailers' premises. Out of 254 samples taken, only fifteen were classed below grades one and two, and of these, all but two were taken from small local manufacturers. The percentage of samples classed as Grade 1 was 79.9.

## **Meat Inspections**

Restriction on the hours when slaughtering is permitted, with very little done at weekends, has made the duty of meat inspection less onerous. Most of the meat is inspected at the time of slaughter and this involves much travelling, particularly in the rural districts, and is very time consuming on certain days.

In all, 174,268 animals were killed at the fifty-nine licenced slaughter-houses and 100% meat inspection was carried out.

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HOUSING

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The number of houses demolished in clearance areas, and as individually unfit, fell below last year's level.

The table below gives the number of houses demolished and closed, together with the number of people displaced as a result.

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*Houses demolished or closed, and persons displaced*

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	1967	1966
Houses demolished in clearance areas	171	232
Persons displaced	261	426
Individual houses demolished	170	331
Persons displaced	337	454
Unfit houses closed	76	61
Persons displaced	94	147

In spite of continued publicity concerning the availability of grants for the improvement of older houses which are basically sound, but fall short of modern requirements as far as bathrooms, hot water supplies, indoor sanitation etc., the number of applications has not increased to any extent. No 'Improvement Areas', where numbers of below standard houses are dealt with as a block, were declared and this must develop if real progress is to be made. In all 751 houses were improved with a grant during the year.

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*Applications for grants received by District Councils*

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	1967	1966
Discretionary grants	190	172
Discretionary grants approved	166	169
Standard grants	903	884
Standard grants approved	828	795

During the year 2,118 applications were received for council houses and the total number on the waiting lists on 31st December was 5,805. Taking the figure of 578 – the number of council houses built during the year and assuming no increase in applications – it would thus take 10 years to house the present applicants! This is not necessarily a correct assumption, since the occupants of houses due to be demolished have to be offered suitable alternative accommodation, some applicants are on more than one councils' waiting list and every year newly married couples make application to be housed.

The rate of speculative building continued steadily, 3,932 were completed and 4,086 were under construction at the end of the year.



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## FOOD AND DRUGS

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The provisions of the Food and Drugs Act 1955 and other legislation relating to the composition, adulteration, labelling and advertisement of food and drugs are administered by the Inspectors of the Public Control Department of the County Council for the whole of the Administrative County with the exception of the Hinckley Urban District

There were 1,674 samples taken during the year, 58 formally and the remainder informally, as compared to 1,856 in the previous year.

The sampling rate for the county was 4.2 per thousand population. Thirty-one samples were unsatisfactory (1.9% of the total) and, of these, six were labelling irregularities. None of the unsatisfactory samples was the subject of court proceedings.

Follow-up samples were taken in connection with all the unsatisfactory milk samples and in no case was it possible to institute proceedings. Where appropriate the producer or vendor was cautioned.

The unsatisfactory sample of dried milk was taken at a school kitchen following a complaint of suspected rodent contamination. The objectionable particles were found on analysis to consist of aggregates of charred and caramelised milk.

The Analyst reported that considerable damage sustained by a packet of biscuits was caused mechanically and not due to rodent attack as suspected by the complainant.

The two unsatisfactory samples of milk bread were each due to the ignorance of shop assistants as to the statutory requirements for this commodity.

The packers of the raw peeled or chipped potatoes containing excessive preservative were cautioned and, in view of the difficulty experienced and the limited shelf-life of these products, they were discontinued.

A sample of pork sausages reported to be unsatisfactory had a satisfactory total meat content but an excessive proportion of fat. As the legal standard limiting the fat content does not come into force until 1969, no further action was taken.

A sample of Spearmint Imperials was said to contain blue VRS, a prohibited colouring matter. Upon drawing the attention of the manufacturers to the irregularity, they alleged that the sample must have been from old stock and furnished a sample from current production which was reported by the Analyst to be satisfactory.

The sample of ale reported to contain insufficient alcohol was a product placed on the market as a result of the introduction of the 'breath-aliser' tests for motorists. The Analyst suspected a contravention of the Customs and Excise Act but as the beverage was made on licensed brewery premises and full duty paid, there appeared to be no offence. The 'Ale' does not seem to have become very popular at present.

A sample of ginger wine was reported to contain insufficient alcohol to justify the description 'wine'. The facts were brought to the notice of the packer who promised to amend the labelling accordingly.

The usual attention was paid to milk and other foodstuffs supplied to schools, county homes, hospitals, etc.

### **Pesticide Residue Scheme**

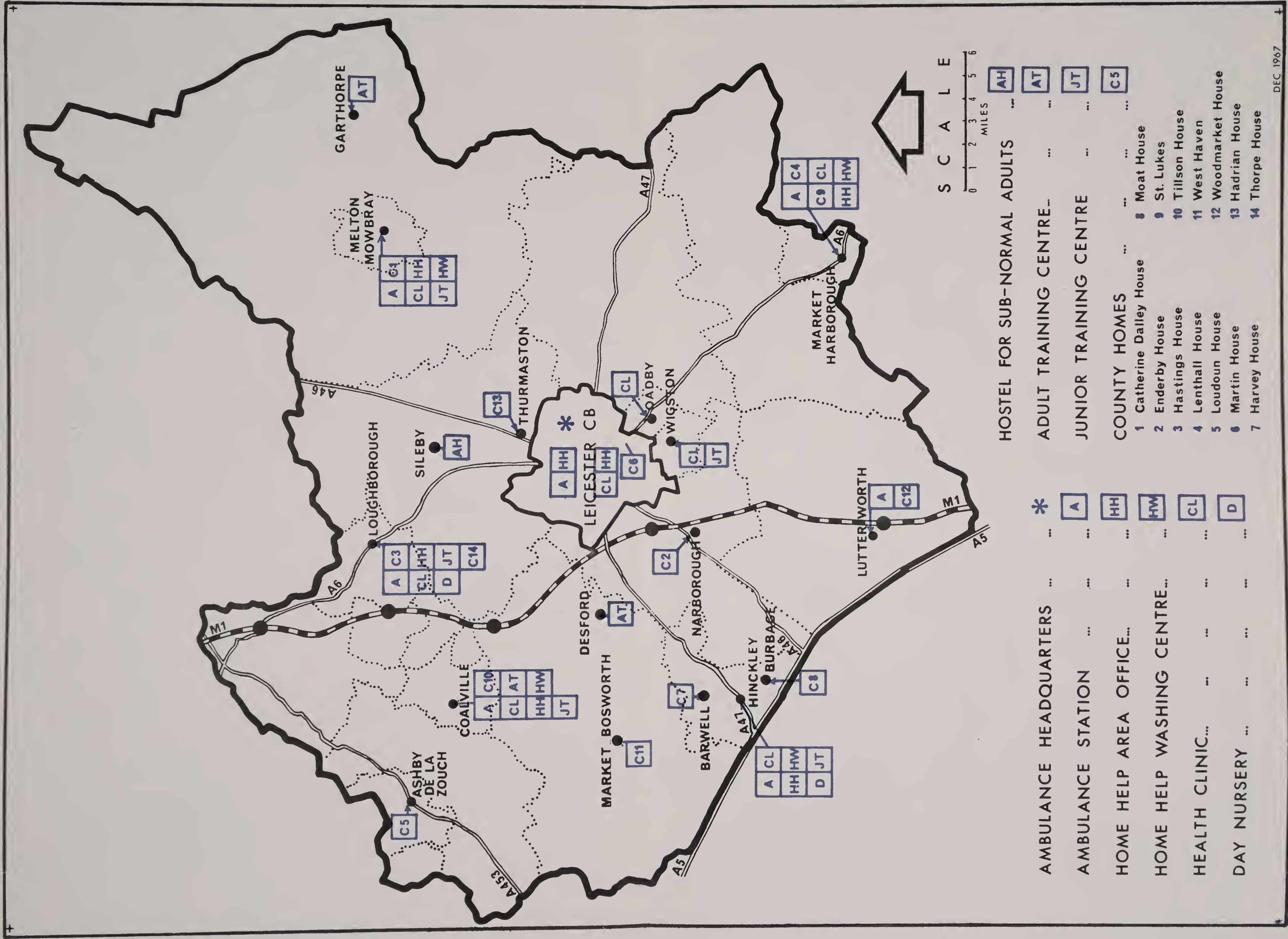
This scheme has continued throughout the year and this authority was required to submit a total of 29 samples. All were reported to be satisfactorily free from pesticide residues.

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**COUNTY HEALTH AND WELFARE  
DEPARTMENT PREMISES**

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**INDEX**

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Ambulance Service	35
Ante-natal Services	18
B.C.G. Vaccination	58
Biological Milk Sampling	86
Birth Statistics	15
Blind	66
Caravan Sites	81
Cervical Cytology	38
Chest Clinic	52
Child Health Centres	24
Chiropody Service	42
Chronic Sick	31
Clean Air Act, 1956	83
Committees	4
Confinements in Institutions	29
Congenital Malformation	22
Convalescent Home Treatment	38
County Homes	70
Day Nurseries	19
Deaf	69
Deafness in Young Children	21
Deaths	13
Dental Treatment	18
Diabetic Clinics	32
District Medical Officers of Health	8
Domestic Help Service	44
Electronic Data Processing	56
Eye Treatment	19
Family Planning	21
Flouridation	80
Food and Drugs	92
Food Hygiene Regulations	88
Gypsies	81
Health Centres	17
Health Education	39
Health Visiting	30
Home Nursing	33
Housing	90



Housing of the Aged	75
Ice Cream	89
Immunisation	55
Infant Mortality	11
Infectious Diseases	49
Mass Radiography	53
Maternity Outfits	20
Meals on Wheels	73
Meat Inspection	89
Mental Mental Welfare	61
Midwifery	26
Milk Pasteurising Plants	87
Noise Abatement Act, 1960	84
Nurseries and Child Minders Regulation Act, 1948	25
Nursing Homes	73
Observation Register	23
Occupational Therapy	66
Offices, Shops and Railway Premises Act, 1963	84
Old People's Homes	74
Pesticide Residue Scheme	93
Pet Animals Act, 1951	83
Physically Handicapped	65
Population	12
Provision of Incontinence Pads	41
Public Cleansing	81
Rag Flock	83
Rainfall	79
Relaxation Classes	18
Rural Water Supplies and Sewerage Acts, 1944–61	80
Sanitary Inspection	79
Sewerage and Sewage Disposal	80
Slum Clearance	90
Staff	6
Stillbirths	15
Swimming Baths and Pools	82
Training Centres	62
Tuberculosis	51
Unmarried Mothers	19
Vaccination	55
Venereal Disease	50
Vital Statistics	11
Water Supply	79
Welfare Foods	25



